

#### CITY OF COLORADO SPRINGS FIRE BOARD OF APPEALS MEETING **AGENDA** PIKES PEAK REGIONAL BUILDING DEPARTMENT 2880 INTERNATIONAL CIRCLE February 8, 2019 – 8:30 A.M. to 10:00 A.M.

#### **CALL TO ORDER**

#### **ADMINISTRATIVE**

1. Review January 11, 2019's Fire Board of Appeal Meeting Minutes

2. Contractor Licensing

A. Fire Alarm Contractor (FAC) A

i. Business Name:

Vulcan Fire & Security LLC

Principal Officers:

Todd Wagner

Licensee:

Craig Simonds
Craig J. Simonds

RME:

Todd A. Wagner

B. Fire Alarm Contractor (FAC) B

i. Business Name:

Piper Electric Co., Inc.

Principal Officer:

John D. Doherty, President

Licensee:

Andrey S. Glushko

RME:

ii.

Andrey S. Glushko

Business Name:

Legacy Fire & Safety LLC

Principal Officers:

Oleksandr Chepura

Oksana Chepura

Licensee:

Oleksandr Chepura

RME:

Oleksandr Chepura

C. Fire Suppression Contractor (FSC) A

i. Business Name:

Tri County Fire Protection, Inc.

Principal Officers:

Jason Uhrich

Chris Uhrich

Licensee:

Jason G. Uhrich

RME:

Jason G. Uhrich

#### **DISCUSSION ITEMS**

- 1. Follow-Up Business from January 11, 2019's FBA Meeting
  - A. The Jan Zabinski 1622 Cheyenne Boulevard appeal FM Lacey
  - B. Boards and Commissions Discussion (drafts of changes to FBA' code language and their rules of procedures) FM Lacey on behalf of Attorney Stein

#### **ADJOURN**

Brett Nacey, Fire Marshal

Secretary to Fire Board of Appeals

### PIKES PEAK REGIONAL BUILDING DEPARMENT

#### Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

□ FAC-A
 □ FAC-B

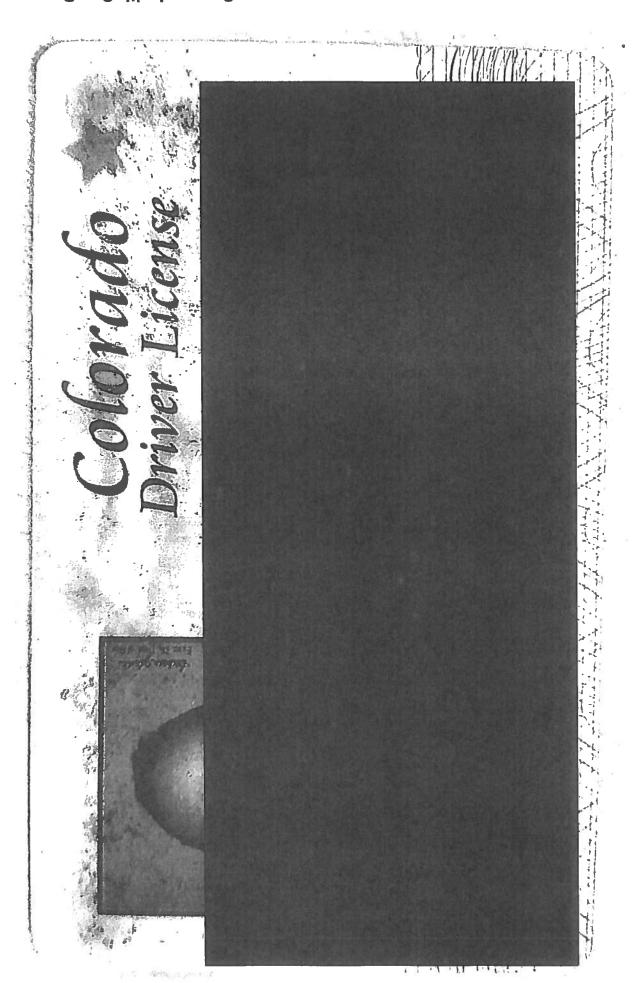
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Date \-23-20\A
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Receipt #\57\2\\
RBD #

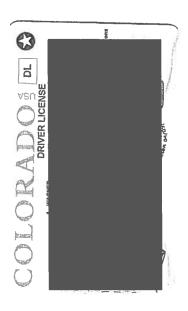
Business Ir	nformation
Type of Entity (Check one)	ship 🛮 Corporation 🗎 LLC
Business Name: Vulcan Fire & Security  (The business name is the name that will appear on the license and is	the actual name under which the contracting business will operate.)
Federal Employer Identification Number:	
Business Address: 10557 W Roxbury Ave  Street Address	
Street Address	Apartment/Unit #
Littleton	CO 80127
City	State ZIP Code
Business Phone: (303) 973-7412	Business Email: info@vulcanfiresecurity.com
Business Fax: N/A	Business Website: vulcanfiresecurity.com
Company's Principal Officers, Partners, or Owners	
Name; Todd Wagner	Title: Vice President
Name: CJ Simonds	
1. Number of years company has operated as a contract	tor? (If new, write "new") New
2. Type of work performed? (Check one or both, if app	licable) □ Residential □ Commercial
3. Has the company ever been named in or responsible and/or claims against them in which the company was	
4. Has the company been a defendant in a collection a	ction court case?  Yes  No If yes, Explain
5. Has the company ever declared bankruptcy? ☐ Yes [	☑ No If yes, Explain
6. Has the company ever had a license suspended or re	evoked?  Yes  No If yes, Explain
7. Has the company ever defaulted on a contract? $\square$	'es ☑ No If yes, Explain
Licenses held b	by the Company
Jurisdiction - License type and number	Jurisdiction- License type and number
Denver - Elec Signal Supervisor CERT1052637	·

Project History (List projects in which this company worked as the contractor.)  See attached completed project history page!
1. Project Street Address:
Type of work (check one) □ Residential □Commercial
Cost: Date: Your position:
Describe Job in detail:
2. Project Street Address:
Type of work (check one) □ Residential □Commercial
Cost: Date: Your position:
Describe Job in detail:
3. Project Street Address:
Type of work (check one) ☐ Residential ☐ Commercial
Cost: Date: Your position:
Describe Job in detail:
4. Positive de Character de Addresses
4. Project Street Address:
Type of work (check one) □ Residential □Commércial
Cost: Date:Your position:
Describe Job in detail:
5. Project Street Address:
Type of work (check one) □ Residential □Commercial
Cost: Date: Your position:
Describe Job in detail:
CERTIFICATION (The following declaration is to be signed by the principal officer of the company). The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print name and title (owner, principal or manager) Todd Wagner - Owner
Signature: Date: 1/27/19
•

		Responsible Mai	naging Em	ployee (RME) Inf	ormatio	n
Legal Na	wagner Wagner		Тс	odd		A
	Last			First		M.I.
Date of	Birth: 4/9/74		Sc	ocial Security Numb	er:	
Address:	: 17462 W 83rd F	Place				
	Street	Address			-	Apartment/Unit #
	Arvada			CO		80007
	City			State		ZIP Code
Phone:	(720) 375-0036	Fax	:		_ Email:	todd@vulcanfiresecurity.com
1. What	is your area of exp	pertise in the indu	ustry?			
2. How l	long have you work	ed in the industr	y? 22+ y	ears		
3. What	is your affiliation	with the company	/? (Owner,	partner, employee	, etc.) _	/ice President (Owner)
4. Have	you ever been con	victed of a misde	meanor or	felony? ☐ Yes ☑ N	o If yes,	Explain
5. Have	you had a license s	suspended or revo	oked? 🗆 Ye	es 🗹 No If yes, Expl	ain	
responsi		npany's and my o	own action			hereby agree to accept the ntractor's license that may
	NICET #		N	ICET Level		Expires
106447			IV		11/1/20	
	P.E. #			Issued		Expires
	D.O.T. #			Issued		Expires
	D.O.1. #			133000		Expires
			Work	History		
	Company	Positio	n	То		From
Mountair	n Alarm	Operations/Design	gn/Sales	1/4/19		4/7/14
<u> </u>	ection Services	Owner		3/3/14		4/1/07
Firetrol Pr	rotection Systems	Sales		3/31/07		4/1/03
Departm authoriz informa may der applicat	nent requires all pe ce Pikes Peak Regio tion provided on th ny me a license aft tion is untrue, licer	ersons seeking a lonal Building Departure and Building Departure and I are reviewing my (and I are granted to me	icense to usertment to agree and of Criminal Base is automa	ndergo a Criminal perform a Crimina understand Pikes P ackground Check. I	Backgrou I Backgro eak Regio f any info	Regional Building and Check. I hereby bund Check utilizing bnal Building Department brmation provided on this
	anc a cree (ranz).	-00 1				1/22/19
Signatur	re of (RME):	000 EVIL	y -			Date:

			Licensee Informat	ion	
	Legal Name: S	imonds	Craig	0	J
	Last		First	-	M.I.
Date of	Birth: 3/31/74		Social Secur	ity Number: 🛄	
Address	10557 W Ro	xbury Ave			
		t Address			Apartment/Unit #
	Littleton			CO	80127
	City	50	State		ZIP Code
Phone:	(720) 308-55	53 Fax	•	Email:	cj@vulcanfiresecurity.com
1. What	is your area of ex	pertise in the ind	ustry? Fire Alarm	1	
2. How I	long have you worl	ked in the industr	<sub>y?</sub> 23+ years		
				mployee, etc.) _	resident (Owner)
					Explain
5. Have	you had a license	suspended or rev	oked? □ Yes ☑ No If	yes, Explain	
decision	s, checking jobs for	or proper workma	nship, or direct supe of these duties? <a> Ye</a>	rvision on job site	ical and administrative s. Will you, as the
	构实验出处理等的影響		Certifications		
444500	NICET #		NICET Level		
1111599					Expires
111000	P.E. #		IV Issued	8/1/19	
	P.E. #		IV Issued		Expires
			IV		
	P.E. #		Issued Issued		Expires
	P.E. # D.O.T. #		Issued Issued Work History	8/1/19	Expires Expires
	P.E. # D.O.T. # Company	Positio	Issued Issued Work History		Expires  Expires  From
	P.E. # D.O.T. #		Issued Issued Work History	8/1/19	Expires Expires
	P.E. # D.O.T. # Company	Positio	Issued Issued Work History	8/1/19	Expires  Expires  From
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Mounta  CERTIFIC Departm authoriz informat may den applicat  Print nan	P.E. #  D.O.T. #  Company  Ain Alarm  CATION (The followent requires all percent requires all percent	Position General Mana wing declaration ersons seeking a libral Building Department application. It are reviewing my Case granted to me	Issued  Issued  Issued  Work History  on  ger 8/1/18  is to be signed by the icense to undergo a Cartment to perform a agree and understance criminal Background et is automatically rev	To  P. Licensee) Pikes Criminal Backgrou Criminal Backgrou Criminal Backgrou Criminal Backgrou Criminal Backgrou Check. If any info	Expires  Expires  From  3/1/96  Peak Regional Building and Check. I hereby und Check utilizing anal Building Department







# NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

**BE IT KNOWN THAT** 

Todd A. Wagner

IS HEREBY AWARDED CERTIFICATION AT

LEVEL IV

IN FIRE PROTECTION ENGINEERING TECHNOLOGY FIRE ALARM SYSTEMS

BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE, EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.

Certification Valid through November 1, 2020

CERTIFICATION NUMBER 106447

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



# NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Craig J. Simonds

IS HEREBY AWARDED CERTIFICATION AT

LEVEL IV

IN FIRE PROTECTION ENGINEERING TECHNOLOGY FIRE ALARM SYSTEMS

BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE, EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.

Certification Valid through August 1, 2019

CERTIFICATION NUMBER 111599

Mars Har Lu

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

#### Craig J. Simonds

#### Areas of Expertise

- Strategic Planning
- Marketing
- Fire Alarm Codes
- **Maximizing Profits**
- Modernization
- Rationalization
- Promotions
- **FA Drawing**
- Local Codes
- **International Codes**
- Life Safety Systems
- High Rise

Experience	1994-2018	Mountain Alarm	Denver, CO
Биропонос		Vice President	Deliver, CO
	2005-Fresent	vice rresident	
	2002-2005	Company Operations Manager	
	2000-2002	FA Test & Inspect Supervisor	
	1998-2000	FA Service Technician	
	1996-1998	FA Test & Inspect Technician	
	1995-1996	FA Installer	
	1994-1995	Fire Extinguisher Technician	

1991-1994 **Gart Sports**  Littleton, CO

#### Department Head/Assistant Manager

- Responsible for all inventory of Hunting & Fishing merchandise
- Responsible for sales & sales personnel
- Rapidly promoted from shipping & receiving to department head/assistant manager

1990-1991 Hugh M Woods Littleton, CO

#### Shipping & Receiving

- Stocking Merchandise
- Receiving Orders

1990-1997 Phoenix Investigators Littleton, CO

Fire/Explosion Investigator

#### Fire Alarm Licenses:

- City and County of Denver Electrical Signal Supervisor
- Denver Fire Department
  - Fire Alarm Installer
  - Fire Extinguisher Installer
  - Fire Sprinkler Installer
- City of Boulder Fire Alarm Supervisor
- City of Aurora Fire Alarm Supervisor
- City of Longmont Fire Alarm
- State of Arizona K67 Fire Alarm/Sprinkler
- NICET Level IV Fire Alarm
- NICET Level I Sprinkler Hazard Systems
- NICET Level I Sprinkler (Pending)

#### Certifications:

- Notifier Onyx
- Silent Knight Addressable Fire Alarms
- Faraday Fire Alarms
- Fire Lite Fire Alarms
- GE Fire Systems
- VESDAPRO
- CFAA Intermediate Fire Alarm Cert

#### **Todd Wagner**

#### 17462 W. 83rd Place - Arvada, CO 80007

#### todd@vulcanfiresecurity.com (720) 375-0036

# Professional Experience:

#### Mountain Alarm

#### Lakewood, Colorado

#### \*Life Safety Specialists, (2017-2019)

- Overall sales for fire alarm, rescue assistance, and BDA systems.
- Grow and strengthen our relationships with electrical & general contractors.
- Seek out new opportunities with owners and property management.
- Maintain a strong and professional partnership with all vendors.

#### \* Life Safety Design Manaer, (2016 – 2017)

- Daily design operations for all life safety systems sold by sales.
- Obtaining permits and preparing equipment lists for field personal.

#### \* Life Safety Operations Manager, (2014 – 2017)

- Daily operations of all installation, service, & inspection departments.
- Managing all field and office personal that handled all operations for both fire alarm & security.

#### **Fire Inspection Services**

Wheat Ridge, CO

#### \*Owner, (2007-2014)

- Overall sales for new construction fire alarm work.
- Grow and strengthen our relationships with electrical & general contractors.
- Seek out new opportunities with owners and property management.
- Maintain a strong and professional partnership with all vendors.
- Manage office and field personal

#### **Firetrol Protection Systems**

Aurora, Colorado

#### \*Fire Alarm Sales, (2003-2007)

- Overall sales for new construction fire alarm work.
- Grow and strengthen our relationships with electrical & general contractors.

# Commercial Specialists of Western Colorado Silverthorne, Colorado

\*General Manger, (2002-2003)

- Overall sales and operations of a life safety company installing, servicing, and inspecting fire alarm systems.
- Managing both office and field personal for entire branch.

#### Notifier

Northford, Connecticut

\*Regional Sales Manager, (2001 – 1002)

- Overall sales, support, and education of the Notifier product in Colorado, Arizona, New Mexico, and Utah.
- Maintaining and adding qualified distributors for all areas.

#### **Education:**

January 1994 – December 1996

Colorado School of Mines: Golden, CO 80401

July 1993 – November 1993

Air Force Academy: Air Force Academy, CO 80840

August 1992 – May 1993

Air Force Academy Prep School: Air Force Academy, CO 80840

Westminster High School, Westminster, Colorado Graduated: May 1992 Cumulative GPA: 3.5

#### **Certifications:**

NICET IV - Fire Alarms

City & County of Denver – Fire Alarm City of Aurora – Fire Alarm Supervisor City of Longmont – Fire Alarm Supervisor

#### City and County of Denver **Community Planning and Development** www.denvergov.org/contractor\_licensing

Certificate/Registration Number:

Certificate Type: Electrical Signal Supervisor

Expiration Date:

By Authority of the Executive Director of Community Planning and Development

02/29/2020

Issued To:

CRAIG J SIMONDS 10557 W ROXBURY AVE LITTLETON, CO 80127

Amount Fund/Org/Revenue Code

\$60.00 352500-01010-0141200-Z0000-Z0000

**Payment Date** Trans #

. 02/24/2017

2951028

Status Paid

#### CERTIFICATE MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on file.

Renewal information is available at www.denvergov.org/Contractor\_Licensing.

INSPECTION INFORMATION

Please provide the following information when you call for an Inspection:

- √ Permit number
- √ Type of inspection and inspection code

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Inspections are performed Monday through Friday.

#### **Community Planning and Development** 201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202

Licenses & Certificates:

720.865.2770

Permit Counter:

720.865,2705

Inspection Administration:

720.865.2505

Automated Inspection Request:

720.865.2501

(Rev. October 2018) Department of the Treasury

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not

interna	Revenue Service ► Go to www.irs.gov/FormW9 for in	structions and the late	est Infor	mati	on		- [ 3	senc	1 to	the	IRS.
	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank	C	.11614	VII.						
	Vulcan Fire & Security		-								
	2 Business name/disregarded entity name, if different from above										
က် စ	3 Check appropriate box for federal tax classification of the person whose na	me is entered on line 1. Ch	hack only	one c	f sh =	A 5					
oag	following seven boxes.	and is entered on line 1. Ci	neck only (	one o	ir une	4 Exem	entiti	es. no	t indi	ividua	only to
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ns (	single-member LLC	rannersnip	∐ Tru	ist/est	tate	-					
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See	PO Box 16880	1		11			-0 (U	PHOTE			
3,	6 City, state, and ZIP code		1								
	Golden, CO 80402										
	7 List account number(s) here (optional)		1								
Par											
Enter	your TIN in the appropriate box. The TIN provided must match the nar	ne given on line 1 to av	/oid	Soci	al sec	urity nun	nber				
Dacku	p withholding. For individuals, this is generally your social security nur nt alien, sole proprietor, or disregarded entity, see the instructions for	nher (SSN) However f	fora [	T	T	7	T	ī —			T
entitie	$\alpha$ , allert, sole prophetor, of disregarded entity, see the instructions for $\alpha$ , it is your employer identification number (EiN). If you do not have a $\alpha$	rart I, later. For other number, see How to ge	at a			-		-			
<i>i ii</i> v, ia	ter.	_		or		J [_	-	_1	L		
Note:	If the account is in more than one name, see the instructions for line 1	. Also see What Name	and [		loyer i	dentifica	ition	numt	er		
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	a U.S. citizen or other U.S. person (defined below); and										
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Sign	Signature of			,1		lo.					
Here	U.S. person	E	Date►	11	141					700	
	neral Instructions	<ul> <li>Form 1099-DIV (div funds)</li> </ul>	vidends, i	inclu	ding ti	nose fro	m st	ocks	or n	nutua	al
ioted.	n references are to the internal Revenue Code unless otherwise	Form 1099-MISC (v proceeds)	various ty	ypes	of inc	ome, pr	izes,	awa	rds,	or gr	ross
uture	developments. For the latest information about developments	• Form 1099-B (stock	k or mith	ıal fir	nd se	ae and	COrt.	nîn el	he-		
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		• Form 1099-S (proce		n rea	ıl esta	te trans:	actic	ıns)			
	ose of Form	• Form 1099-K (merc							ansa	ection	ns)
nforma	vidual or entity (Form W-9 requester) who is required to file an tion return with the IRS must obtain your correct taxpayer	<ul> <li>Form 1098 (home n 1098-T (tuition)</li> </ul>									
dentific	cation number (TIN) which may be your social security number	• Form 1099-C (canc	celed deh	ot)							
ODIV), I BXDAVA	individual taxpayer identification number (ITIN), adoption er identification number (ATIN), or employer identification number	• Form 1099-A (acqui			donm	ent of s	acun	ed pr	Oner	tv۱	
EIN), to	report on an information return the amount paid to you, or other	Use Form W-9 only									t
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		later.								_	



PO Box 16880 Golden, CO 80402 (303) 973-7412 Vulcanfiresecurity.com

1/22/19

To whom it may concern,

This letter is to inform you that Todd Wagner (RME) is a full-time employee and vice president of Vulcan Fire & Security.

CJ Simonds, SET
President & CEO
Vulcan Fire & Security

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Vulcan Fire and Security LLC

#### is a

#### Limited Liability Company

formed or registered on 10/15/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181810340.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/10/2019 that have been posted, and by documents delivered to this office electronically through 01/11/2019 @ 12:59:11.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/11/2019 @ 12:59:11 in accordance with applicable law. This certificate is assigned Confirmation Number 11323790 .



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely entired and in not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

DANEH



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/26/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Dane Hamilton PHONE (A/C, No, Ext): HL Insurance LLC FAX (A/C, No): 9800 Mt Pyramid Ct Suite 400 Englewood, CO 80112 E-MAIL ADDRESS: daneh@hlinsurance.net **INSURER(S) AFFORDING COVERAGE** NAIC# **INSURER A: Everest Indemnity Insurance Co** INSURED INSURER B: Vulcan Fire and Security LLC INSURER C: PO Box 16880 INSURER D: Golden, CO 80402 INSURER E: INSURER F **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR TYPE OF INSURANCE **POLICY NUMBER** LIMITS **COMMERCIAL GENERAL LIABILITY** 1,000,000 EACH OCCURRENCE
DAMAGE TO RENTED
PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 12/27/2018 | 12/27/2019 APP128809136 100,000 5.000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE POLICY PRO-JECT Loc 1,000,000 PRODUCTS - COMP/OP AGG **ERRORS AND OMIS** Included OTHER COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. For Reference Purposes Only **AUTHORIZED REPRESENTATIVE** 

ACORD 25 (2016/03)

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#### PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

1/23/2019 9:52:28 AM (SABRINA) Receipt #: 1571211

#### Invoice

Customer: VULCAN FIRE & SECURITY

	Transaction Summary		
Description		Reference	Amount
CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
		Total Due:	\$50.00
	Payment Summary		
Description		Reference	Amount
COLLECTION, CHECK		1115	\$50.00
	CONTRACTOR FEES  Description	Description  CONTRACTOR FEES APPLICATION  Payment Summary  Description	Description Reference  CONTRACTOR FEES APPLICATION APP FEE  Total Due:  Payment Summary  Description Reference

Total Tendered: \$50.00

Comment: VULCAN FIRE & SECURITY

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: 7700 Delta Street, Denver, CO 80221
Type of work (check one) □ Residential □Commercial
Cost: \$65,000 Date: 8/1/17 Your position: Project Manager / Sales
Describe Job in detail: New elementary school fire alarm system w/ voice evacuation
2. Project Street Address: 8636 S Peoria Street, Englewood, CO 80112
Type of work (check one) □ Residential □Commercial
Cost: \$300,000 Date: 4/1/17 Your position: Project Manager
Describe Job in detail: Phase II of large data center fire alarm system and VESDA
3. Project Street Address: 135 Nickel Street, Broomfield, CO 80020
Type of work (check one) □ Residential □Commercial
Cost: \$15,000 Date: 6/1/18 Your position: Project Manager / Sales
Describe Job in detail: Remodel existing restaurant into banquet hall - fire alarm system
4. Project Street Address: CarMax - Golden
Type of work (check one) □ Residential □Commercial
Cost: \$25,500 Date: 10/25/17 Your position: Project Manager / Sales
Describe Job in detail: New car dealership fire alarm system
5. Project Street Address: 356 Longspur Drive, Brighton, CO 80601
Type of work (check one) □ Residential □Commercial
Cost: \$76,100 Date: 10/15/16 Your position: Operations Manager
Describe Job in detail: Additions & remodel of charter school with new fire alarm system
<b>CERTIFICATION</b> (The following declaration is to be signed by the <b>principal officer of the company</b> ) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print name and title (owner, principal or manager) Todd Wagner - Vice President
Signature: Todd Wagner

## COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT DIVISION OF WORKERS' COMPENSATION

# REJECTION OF COVERAGE BY CORPORATE OFFICERS OR MEMBERS OF A LIMITED LIABILITY COMPANY (LLC)

#### PART A

	Corporation					
2. Name of Corporati	on or LLC	Vulcan Fire	& Security			
3. Mailing Address		PO Box 168	380			
			Street or P.O	. Box, Unit/Suite		
		Golden			CO	80402
			City		State	Zip
4. Nature of Business	3	Fire Alarm	service, testing, and	installation		<u></u>
5. Federal Employer	Identification 1	Number <u>83-2</u>	2241370 6. E	Business Phone	(303)	973-7412
7. Date of Incorporat			10	ncorporation of		00
9. Corporate Officers	or LLC Mem	bers Rejecting (	Coverage:			
•		<u>ime</u>				Percent of
First	Middle	Last	Suffix (Jr., Sr., III)	Title(s)	<u>N</u>	Ownership/ /lember Interest
CJ	Sin	monds		President	50	)
Todd	W	agner		VP	50	)
10. Number of emplo	oyees of the bu	siness <u>other</u> tha	an the officers or memb	pers listed above		
10. Number of emplo	oyees of the bu pany have wor d "Yes" to Que	siness <u>other</u> tha kers' compensa stion 11A, plea	an the officers or membation insurance? O Y se include your workerly to your carrier. If yo	pers listed aboves   No   No   rs' compensation	ve: 0	y information
<ul><li>10. Number of emplo</li><li>11A. Does your com</li><li>11B. If you answered below and subr</li><li>please submit t</li></ul>	oyees of the bu pany have wor d "Yes" to Que nit this completed	siness <u>other</u> that kers' compensa stion 11A, plea eted form direct form directly to	ation insurance? O Y se include your worker ly to your carrier. If you the Colorado Division	pers listed aboves No rs' compensation answered "No roll of Workers' (	on policy.  No" to Q  Compen	y information question 11A, sation.
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<ul><li>10. Number of emplo</li><li>11A. Does your com</li><li>11B. If you answered below and subrice please submit to a. Insurance can c. Effective Date</li></ul>	pany have word "Yes" to Que nit this completed arrier name	siness <u>other</u> that kers' compense stion 11A, plea eted form direct form directly to	se include your workers by to your carrier. If you the Colorado Division b. P	pers listed aboves No	on policy.  No" to Q  Compen	y information question 11A, sation.
<ul><li>10. Number of emplo</li><li>11A. Does your com</li><li>11B. If you answered below and subrice please submit to</li><li>a. Insurance cancellos</li><li>c. Effective Date</li></ul>	pany have word "Yes" to Que mit this completed harrier nameates From	siness <i>other</i> that kers' compense stion 11A, plea eted form direct form directly to	se include your workers include your workers by to your carrier. If you the Colorado Division b. P	pers listed aboves on answered "No of Workers' Ordicy Number	on policy No" to Q	y information question 11A, sation.
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10. Number of emploinments  11A. Does your complete the low and substitution of the lo	pany have word "Yes" to Que mit this completed his completed arrier nameates From	siness other that kers' compensation 11A, plea eted form direct form directly to	se include your workers include your workers by to your carrier. If you the Colorado Division b. P	pers listed aboves No rs' compensation answered "No rof Workers' (Policy Number) rporate Secreta	on polic No" to Q Compen	y information duestion 11A, sation.
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10. Number of emploidable in the image of the image is a submit the image. In the image is a submit the image is a submit the image is a s	pany have word "Yes" to Que mit this completed his completed harrier name ates From ner porate Secretary of Security	siness <i>other</i> that kers' compensation 11A, pleasted form directly to form directly to the control of LLC Manager, certify that	se include your workers by to your carrier. If you the Colorado Division b. F. To	pers listed aboves on Nors' compensation answered "Nors' of Workers' of Worker	on polic No" to Q Compen	y information question 11A, sation.  LC Manager of ect and complete

C.R.S. Section 10-1-128(6)(a) states: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

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# COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT DIVISION OF WORKERS' COMPENSATION

# REJECTION OF COVERAGE BY CORPORATE OFFICERS OR MEMBERS OF A LIMITED LIABILITY COMPANY (LLC)

PART B - Corporate Officer or LLC Member Questionnaire IMPORTANT: A separate Part B <u>MUST</u> be completed by <u>every</u> person listed in Part A.

Vulcan Fire &	Security			
	,			
PO Box 16880	)			
	Street or P.O. I	Box, Unit/Su		
Golden				80402
	-		State	Zip
D* .	<del></del>		<b>.</b>	0.00 (7.0
				Suffix (Jr., Sr., III <b>'3-7412</b>
15/18	5. Busin	ess Phone	(000) 01	01112
Color	/Oneretions Man			
or LLC Sales	Operations Man	ager		
on of your employ	ment.			er must be
II CMbS'				
_				Date
ember completii ntact your insura	ng Part B must be not not carrier to determine	arized. If t ne if they	his form is require thi	being filed
		•		
	ľ			
	and		Sta	ite
				ito.
	ompensation insurnowledging your ree job, C.R.S. § 8-41 your of at least 10% at all times, and coorders' compensation of your employ of filed rejection of the Division with the Division tember completing that your insura	First Middle  sident 5. Busine  15/18  or LLC Sales / Operations Mana  compensation insurance coverage based or nowledging your rejection of all benefits under job, C.R.S. § 8-41-401(3) may limit your part all times, and control, supervise or mana pricess' compensation insurance as a corporation of your employment.  In filed rejection of Coverage.  LLC Member Signature  with the Division of Workers' Compensation of Workers' compensation insurance carrier to determine the completing Part B must be not intact your insurance carrier to determine the completing day of	City  Wagner  First Middle sident 5. Business Phone 15/18  Or LLC Sales / Operations Manager  Ompensation insurance coverage based on C.R.S. § 8 nowledging your rejection of all benefits under the Work of the corporation or and all times, and control, supervise or manage the busin or kers' compensation insurance as a corporate officer/lition of your employment.  If filed rejection of coverage.  LLC Member Signature  with the Division of Workers' Compensation, the member completing Part B must be notarized. If the intact your insurance carrier to determine if they his day of  Notary Public  In and for	City Wagner  First Middle Last  Sident 5. Business Phone (303) 97  15/18  Or LLC Sales / Operations Manager  Ompensation insurance coverage based on C.R.S. § 8-41-202 (Note of the Corporation of all benefits under the Workers' Compensation of at least 10% of the stock of the corporation or at least 10% of at all times, and control, supervise or manage the business affairs of orkers' compensation insurance as a corporate officer/LLC members of the rejection of coverage.  1/22/19  LLC Member Signature  with the Division of Workers' Compensation, the signature member completing Part B must be notarized. If this form is intact your insurance carrier to determine if they require this his day of,  Notary Public  In and for Cour

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#### **INSTRUCTIONS/DEFINITIONS**

General Instructions: Complete all information. Type or legibly print. A separate questionnaire, Part B, must be completed and attached for each officer/member rejecting coverage. Incomplete forms may not be processed and may be returned. Mail the forms by certified mail to the insurance carrier or the Division of Workers' Compensation per the below mailing instructions.

The effective date of election is the day following receipt of said notice by the insurance carrier or the Division. If an officer or limited liability company member changes his/her election, a revised questionnaire must be filed.

#### Part A

- 1. Type of Entity: Check the appropriate box to indicate if the company is a corporation or a limited liability company (LLC).
- 2. Name of Corporation or LLC: List the legal name of the corporation or LLC as filed with the Secretary of State.
- 3. Mailing Address: List the complete business mailing address of the corporation or LLC including Street or P.O. Box, Suite Number, City, State, and Zip Code.
- **4. Nature of Business:** Briefly describe the type and nature of business conducted by the corporation or LLC.
- 5. **Federal Employer Identification Number:** List the 9-digit Federal Employer Identification Number assigned to the corporation or LLC by the Internal Revenue Service.
- **6. Business Phone:** List the telephone number of the Corporate Secretary or LLC Manager signing Part A of the form.
- 7. **Date of Incorporation or Organization:** List the date of incorporation for a corporation or the date of filing of Articles of Organization for an LLC.
- **8. State of Incorporation or Organization:** List the state where the corporation is incorporated or where the LLC filed its Articles of Organization.
- 9. Corporate Officers or LLC Members Rejecting Coverage: List the full name of the person(s) rejecting coverage. Please include first, middle, last, and suffix (if applicable). Include title or titles, and the percent of corporate ownership or membership interest in the company for each corporate officer or LLC member electing to reject workers' compensation coverage. Under C.R.S. §8-41-202(4), "corporate officer" means "the chairperson of the board, president, vice-president, secretary, or treasurer who is an owner of at least ten percent of the stock of the corporation and who controls, supervises or manages the business affairs of the corporation, as attested to by the secretary of the corporation at the time of the election." Corporate officers and LLC members must own at least 10% of the membership interest in the company at all times and control, supervise or manage the business affairs of the limited liability company to be eligible to reject coverage. Attach separate sheet if more space is needed.
- 10. Number of employees of the corporation or LLC other than officers or members listed above: List the number of employees other than officers or members listed under #9. Any person who is an employee of the corporation or LLC, who is not a corporate officer or LLC member electing to reject coverage, must be insured for workers' compensation.
- 11A. Does your company have workers' compensation insurance? Place a check in the appropriate space indicating whether the business has Workers' Compensation insurance.
- 11B. If "Yes" to Question 11A, provide Workers' Compensation insurance policy information: If your business has Workers' Compensation insurance, list the name of the insurance carrier, the complete current policy number, and the effective dates of the current policy.
- 12. Certification: Only the Corporate Secretary or LLC Manager shall sign and date Part A certifying that the information contained on the form is correct and complete. If a Corporate Secretary has not been named, the President may sign in lieu of the Corporate Secretary. Type or legibly write the name of the Corporate Secretary or LLC Manager and the name of the corporation or LLC.

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#### Part B, Corporate Officer or LLC Member Questionnaire

To be completed by <u>each</u> Officer or Member electing to reject workers' compensation insurance coverage or rescinding a previous election.

- 1. Name of Corporation or LLC: List the legal name of the corporation or LLC as filed with the Secretary of State.
- 2. Mailing Address: List the complete business mailing address of the corporation or LLC including Street or P.O. Box, Suite Number, City, State, and Zip Code.
- 3. Officer or Member Name: List the name of the individual corporate officer or LLC member completing Part B. List the full name of the person rejecting coverage. Please include first, middle, last, and suffix (if applicable).
- 4. Corporate Officer Title: List the title of the individual corporate officer completing Part B. If an LLC member is completing Part B, leave blank.
- 5. Business Phone: List the business telephone number of the individual corporate officer or LLC member completing Part B.
- **6. Date Officer/Member Elected:** List the date the individual corporate officer or LLC member completing Part B was elected to the position.
- 7. **Duties performed for Corporation or LLC:** Briefly describe the specific duties performed for the corporation or LLC by the individual corporate officer or LLC member completing Part B.
- **8.** Mark ONE that Applies: Check the appropriate box to indicate if the individual corporate officer or LLC member completing Part B is rejecting worker's compensation coverage or rescinding a previously filed rejection of coverage. The individual rejecting coverage or rescinding coverage must sign and date Part B. If the rescinding option is selected, Part A need not be completed.
- 9. Notary: If this form is being filed with the Division of Workers' Compensation, the signature of the individual corporate officer or LLC member completing Part B must be notarized. If this form is being filed with your insurance carrier, please contact your insurance carrier to determine if they require this form to be notarized.
- 10. Copy of form: You may wish to keep a copy of all forms for your records before submitting the original forms.

#### **Mailing Instructions**

<u>Insured</u>: If the corporation or LLC <u>has</u> a workers' compensation insurance carrier, file this form by certified mail directly with your insurance carrier.

<u>Noninsured</u>: If there is <u>no</u> workers' compensation insurance carrier, file this form by certified mail with the Division of Workers' Compensation at the following address:

Division of Workers' Compensation Coverage Enforcement Unit 633 17th St., Suite 400 Denver, CO 80202-3626 303.318.8700

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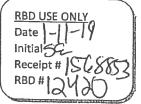
#### PIKES PEAK REGIONAL BUILDING DEPARMENT

#### Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

□ FAC-A (FAC-B

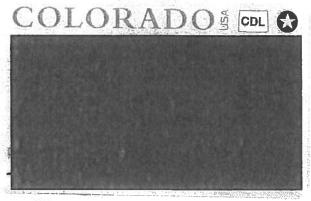


Business Ir	nformation
Type of Entity (Check one) ☐ Individual ☐ Partners	ship 🛱 Corporation 🗆 LLC
Business Name: <u>PiDer Electric Co. In C.</u> (The business name is the name that will appear on the license and is	s the actual name under which the contracting business will operate.)
Federal Employer Identification Number:	
Business Address: 5960 Jay Street Street Address	Apartment/Unit #
Arvada	<u>co</u> 80003
•	Business Email: <u>ldrago@piperElectric.com</u>
	Business Website: piperelectric com
Company's Principal Officers, Partners, or Owners	•
Name: John D. Doherty	Title: President
Name:	Title:
1. Number of years company has operated as a contract	ctor? (If new, write "new")
2. Type of work performed? (Check one or both, if app	olicable) 💢 Residential 💢 Commercial
3. Has the company ever been named in or responsible and/or claims against them in which the company was	e for any entered and unsatisfied judgments, liens, the contractor?   Yes  No If yes, Explain
4. Has the company been a defendant in a collection a	action court case? 🗆 Yes 🕱 No If yes, Explain
5. Has the company ever declared bankruptcy? ☐ Yes \$	🛛 No If yes, Explain
6. Has the company ever had a license suspended or re	evoked? 🗆 Yes 🗷 No If yes, Explain
7. Has the company ever defaulted on a contract? $\ \square$ Y	Yes 🗷 No If yes, Explain
	by the Company
Jurisdiction - License type and number	Jurisdiction- License type and number
master Geominan-ME0003070	
Electrical contractor-EC0001964	

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: Mapleton Adventure Elementary
Type of work (check one) □ Residential
Cost: 1,115,491000 Date: 8/3/2018 Your position: Superintendent
Describe Job in detail: Graind UP SCHOOL
2. Project Street Address: Ramble Hotel
Type of work (check one) □ Residential  氧Commercial
Cost: 998,888.00 Date: 5/1/2018 Your position: Super in Lendent
Describe Job in detail: Ground up hotel
3. Project Street Address: Fine Parking
Type of work (check one)  Residential  Commercial
Cost: 1,811,521.00 pate: 2/28/18 Your position: Superintendent
Describe Job in detail: Covered Parking Structure for DIA paneing
4. Project Street Address: Industry Rino Station
Type of work (check one) □ Residential □ Commercial
Cost: 2,311,505.00 Date: 11/1/2017 Your position: Super in tendent
Describe Job in detail: Build to Suit Office Building
5. Project Street Address: Charter Communication CTEC 2
Type of work (check one) □ Residential □Commercial
Cost: 1,256,484;0 Date: 10/1/2017 Your position:
Describe Job in detail: Engineenny Office Space
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print name and title (owner, principal or manager) Andrey Colushivo
Signature:

Ro	esponsible Mar	aging Emp	oloyee (R	ME) Info	rmation	PLES PARTS SANCE.		
Legal Name: Glushk	(0		Pmd1 First	rey		S.		
Date of Birth: <u>DA DQ</u>	1979	Soc	ial Securit	y Numbe	er:			
Address: 12772 E 105th Ave								
Address: 12172 C	oartment/Unit #							
Commerse C	uty co		CO			80022		
City			State			ZIP Code	-	
Phone: 303.961.74	05 Fax:			<del></del>	Email: 0	glushko@pipe	erelectric	
1. What is your area of expe	ertise in the indu	istry? Sup	ervisor	Fire	marm	Industry le	<del>Local</del> ca	
2. How long have you worke	ed in the industry	17+	Years	S				
3. What is your affiliation w			•					
4. Have you ever been conv								
5. Have you had a license su	uspended or revo	oked? 🛘 Yes	No If y	es, Expla	ain			
6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ✓ Yes □ No								
	Ankala Kasa	CONT.	cations	的超到	位的社会经验	是3、6300000000000000000000000000000000000		
NICET#	1	NIO	CET Level	-	_	Expires	<del></del>	
P.E. #		Issued			11/1/2019 Expires			
207.			January To					
D.O.T. #			Issued Expires					
		Mork	History	. CO. L. E. L. L.				
Company	Positio		nistory	To	<b>电影响电影电影</b>	From		
Piper Electric.	Superinten		(()	01108	3	Current	-	
LEI	Foreman			0110		11/01/08		
PPCr Electric	n			11101107				
CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.  Print name & title (RME):								
Signature of (RME):	te	9				Date: <u>// 7/</u>	2019	

	Lic	censée l	nformation	12501		
Legal Name:	lushko		Andrey		2	
Last			First 0		= M.I.	
Legal Name: $C$ Last  Date of Birth: $O4/O9/O9/O9/O9/O9/O9/O9/O9/O9/O9/O9/O9/O9/$	1979	Soc	ial Security Number	:		
Address: 12 77 2	E105th AV	IE				
Street A	Address		0 0		Apartment/Unit #	
Commerce	City		CO		80022	
			State		ZIP Code	
Phone: 303-96/-7	405 Fax: _			Email:	aglushkoppiperelectrice Alarm	
1. What is your area of expe	ertise in the industry	y? Ele	etrical/F	rre	Alarm	
2. How long have you worke						
3. What is your affiliation w				etc.) _	employee	
4. Have you ever been conv	icted of a misdemea	anor or f	elony? □ Yes ੴ No	If yes,	Explain	
5. Have you had a license su	uspended or revoked	d? □ Yes	i No If yes, Explai	in		
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? $\square$ Yes $\square$ No						
		Certific	ations			
NICET #		NIC	ET Level		Expires	
143347	7	11 (			11/1/2019	
P.E. #		Issued			Expires	
D.O.T. #		Issued			Expires	
MANUAL CO.		Work h	listory			
Company	Position		То		From	
Piper Electric	Superintend	ient-	Dresent		1/1/2008	
	V					
CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.  Print name & title (Licensee):						
Signature of (Licensee): Date: 1/11/2019						
2880 International Circle,	Colorado Springs, C	O 80910	Telephone 719-3	27-288	7 Fax 719-327-2951	





NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Andrey S Glushko fire alarm systems/iii

CERT NO. 143347 VALID THRU 11/01/2019

# PIKES PEAK REGIONAL BUILDING DEPARTMENT Contractor -- PIPER ELECTRIC COMPANY INC (12420)

Status: ACTIVE

Type of Business: Corporation

In Business Since: 09-Dec-1993

5960 JAY ST

ARVADA, CO 80003 Phone: (303) 422-9219 Fax: (303) 420-0427

Officer #1: DOHERTY, J. DAVID-PRESIDENT

Officer #2: BOB PIPER - V.PRES

#### LICENSES

Last Name	First Name	D	T	Cat	Subcat	Phone	Expires	Renewed
DOHERTY	JOHN	Е	Α			(303) 422-9219	10/31/2019	08/30/2018

#### **OBLIGATIONS**

Т	Agency	Reference #	Expires
C - Certification	STATE OF COLORADO	ME 3070	09/30/2020
C - Certification	STATE OF COLORADO	EC 1964	09/30/2020
L - Liability	ACADIA INSURANCE COMPANY	3102757	08/01/2019
W - Workers Comp.	PINNACOL ASSURANCE	4031651	08/01/2019

#### **ASSOCIATES**

Associate	Permits
ANDERSON, CHRIS	0
BENNET,ROBERT	0
BOTT,JIM	0
BROWN, MARK	0
BUSCH, GARY	0
DOHERTY, DAVID	0
EARIXSON, DALE	0
GARCIA, RICH	0
GREEN, ABBY	0
LINDAUER, TYLER	0
LOBB, JEFF	0
MILLER, PAUL	0
MORGAN,MARK	0
OLTMANS, NICK	0
PREDOTA, EDDIE	0
WILLIAMSON,JOHN	0

#### Colorado Department of Regulatory Agencies Division of Professions and Occupations

Brack (spirit) and

John D. Doherty

Maider Electric et

ME 0003070

Number

Active Credential Status

Verify this credential at www.co'orad go doral doc

10 01 2017 Issue Date

09'30/2020

Expire Date

Division Director' Ronne Hines Cedential Holde Signature

#### Colorado Department of Regulatory Agencies Division of Professions and Occupations

Electrical Board

Piper Electric De 14

EC 0001964

Number

Active Credential Status

Ve ify this credential at, vrww\_colorado

10/01/2017

Issue Date 09/30/2020

Expire Date

Division Director! Ronne Hines Condential Holder Signature



#### Andrey S. Glushko

Field Superintendent

- Assists Field Managers with the on-time completion of projects

#### **Education and Achievements**

- Bachelor Degree in Commercial Construction and Engineering, Odessa, Ukraine
- Electrical Apprenticeship, CITC, Denver, CO
- Andrey is NICET III Certified

#### Professional Experience

Andrey is a Master electrician with more than 15 years of experience in electrical construction. Andrey is proficient in fire alarm systems installation and acceptance. Participated in fire alarm design stage, coordinated with applicable AHJ, building owner and other trades. He's installed, adjusted, verified, calibrated and tested operation of electrical systems and panels, circuitry, appliances, portable electrical equipment in accordance with all State and Federal Electrical Codes and Ordinances.

He's performed work from verbal instructions, blueprints, wiring diagrams, schematics, technical publications and instructions bulletins.

He recognizes the value of working safely always.

#### Relevant Experience

- Colorado School of Mines, Golden, CO
- Canopy Airport Parking Complex Commerce City, CO
- Joint Public Safety, Cherry Hills, CO
- Aerocolorado, Centennial, CO
- Reddy Ice, Denver, CO
- Cargill, Windsor, CO
- Arvada K-8 School, Arvada, CO
- Parker Library, Parker, CO
- Endoscopy, Northglenn CO
- REZ Church, Loveland CO
- Fine Parking DIA, Aurora CO
- Ramble Hotel, Denver CO

Andrey has been in the electrical industry for over 15 years Andrey has been with Piper Electric Co., Inc, for 10 years

**5960 JAY STREET** 

ARVADA, CO 80003

(303) 422-9219

FAX (303) 420-26008

#### **Fire Alarm System Permit Application**

٦	This form must be com	pleted and attached to the front of plans	April 2 de la constante de la
	Initial Review	Re-Review Overtime Review	Revision/As-Built
F	PROPERTY INFORMATION:	000 6 01 01 61	1 Couring &
		036 Cowpoke Rd, Colo	1ad Suite
	Tenant: Owner's Name :		
	Address:		
	Phone:	Fax:	
C	CONTRACTOR INFORMATIO	Owner. Inline	
	Address: 59 Phone: 303-	managnient	0,80003
	Email:	-1703 sand Hly Dr.	
	THIS PL	Golden, co 80401	CK-UP
	☐ APPROVED/APPF☐ DISAPPROVED/M		
	FEES DUE:	contractor email: Enic's	
	Reviewer: Withee		Other
Comments:		one has back page into	

Please do not call our office regarding plan review comments until after pickup and review by your office.

Plan Review Status/Comments available online at: <a href="https://coloradosprings.gov/fire-department/page/plan-and-construction-review-status?mlid=31136">https://coloradosprings.gov/fire-department/page/plan-and-construction-review-status?mlid=31136</a>

\*\* All plans remaining in our office more than 30 days will be discarded as abandoned







January 4, 2019

Pikes Peak Regional Building Department 2880 International Circle Colorado Springs, CO 80910

To Whom It May Concern:

Andrey Glushko is currently a full-time employee at Piper Electric Company, Inc. He has held a position with our company for over ten years.

Respectfully,

J. David Doherty

**PRESIDENT** 

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

PIPER ELECTRIC CO., INCORPORATED

is a

#### Corporation

formed or registered on 03/23/1983 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871513673.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/02/2019 that have been posted, and by documents delivered to this office electronically through 01/04/2019 @ 09:19:28.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/04/2019 @ 09:19:28 in accordance with applicable law. This certificate is assigned Confirmation Number 11308383



Secretary of State of the State of Colorado



#### CERTIFICATE OF LIABILITY INSURANCE

8/1/2019

7/24/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	<u></u>	3	on onaorbomento).			
PRODUCER	Dockton Companica		CONTACT NAME:			
	8110 E Union Avenue		PHONE	FAX		
	Suite 700		(A/C, No. Ext):	(A/C, No):		
			E-MAIL			
	Denver CO 80237	_ADDRESS:	ADDRESS:			
	(303) 414-6000		INSURER(S) AFFORDING COVERAGE		NAIC#	
			INSURER A: Acadia Insurance Company			
INSURED	Piper Electric Co.		INSURER B: Pinnacol Assurance Company		31325	
1035922	•		INSURER B : FIRMACOT ASSURANCE COmpany		41190	
1033722	Power Quality Solutions 5960 Jay St. Arvada CO 80003		INSURER C:			
			INSURER D:			
	Alvada CO 80003		INSURER E:			
			INSURER F:			
OOVED A	OPO DIDELA:					

COVERAGES PIPEL01 CERTIFICATE NUMBER: 1577529 REVISION NUMBER: XXXXXXXX THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		ADDL	SUBR	CINITS SHOWN MAY HAVE BEEN I	POLICY EFF		
LTR		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	CLAIMS-MADE X OCCUR	N	N	3102757	8/1/2018	8/1/2019	EACH OCCURRENCE \$ 1,000,000  DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY  ANY AUTO	N	N	3102757	8/1/2018	8/1/2019	COMBINED SINGLE LIMIT \$ 1,000,000
	OWNED SCHEDULED						BODILY INJURY (Per person) \$ XXXXXXX
-	AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$ XXXXXXX
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ XXXXXX
$\vdash$							\$ XXXXXXX
A	X UMBRELLA LIAB X OCCUR	N	N	3102757	8/1/2018	8/1/2019	EACH OCCURRENCE \$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 10,000,000
<u> </u>	DED RETENTION\$						\$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		N	4031651	8/1/2018	8/1/2019	X PER OTH-
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$ 1,000,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
							,
			ł				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
This Certificate is issued for the purpose of Evidence of Insurance only.

CERTIFICATE HOLDER	CANCELLATION See Attachments
<b>1577529</b> Piper Electric 5960 Jay St Arvada CO 80003	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  (Narles M. ME)
	@ 1000 VOIE ACORD CORDOTETION AND THE

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### PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

1/11/2019 9:31:36 AM (SABRINA) Receipt #: 1568853

Total Tendered: \$150.00

Invoice

Contractor: PIPER ELECTRIC COMPANY INC (12420)

Account	Description	Transaction Summary	Reference	Amount
1301-40036	CONTRACTOR FEES AP	PLICATION	FAC-B FAI	\$150.00
			Total Due:	\$150.00
		Payment Summary		
Account	Description		Reference	Amount
9801-55700	COLLECTION, VISA/Mast	er-Card	672835	\$150.00

Comment:

### PIKES PEAK REGIONAL BUILDING DEPARMENT

### Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

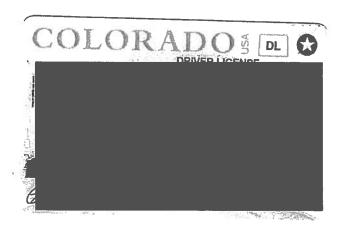
FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

□ FAC-A \ \ FAC-B

RBD USE ONLY
Date |-23-20(4)
Initial(5)
Receipt # |57 1085
RBD #

Business Information
Type of Entity (Check one) □ Individual □ Partnership □ Corporation ☒ LLC
Business Name: <u>Social</u> fire 8 Safefy JLC (The business name is the name that will appear on the license and is the actual home under which the contracting business will operate.)
Federal Employer Identification Number:
Business Address: 12692 Fisher Drive or PO Box 4393
Street Address Apartment/Unit #
CILIFOCOLO SOLLA ZIP Code
Business Phone: 40-544-1010 Business Email: 1000Cy fire SQ topy 9 graphe
Business Fax: Business Website:
Company's Principal Officers, Partners, or Owners
Name: Olekrandr Chepora Title: Durucr
Name: Oksano Chepura Title: Oconor
1. Number of years company has operated as a contractor? (If new, write "new")
2. Type of work performed? (Check one or both, if applicable)
3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor?   Yes  No If yes, Explain
4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain
5. Has the company ever declared bankruptcy?   Yes   No If yes, Explain
6. Has the company ever had a license suspended or revoked?   Yes No If yes, Explain
7. Has the company ever defaulted on a contract? 🗖 Yes 💆 No If yes, Explain
Licenses held by the Company  Jurisdiction - License type and number  Jurisdiction - License type and number
dicense D15005224

Responsible Man	aging Employee (RME) Infor	mation
Legal Name:Chepura	Oleksandr	
Date of Birth: 05-03-1946	Social Security Number	
Address: 12692 Fisher		
		Apartment/Unit #
Street Address  VIG LEVAOO  VILLE  VI	$C_{1}O$	80112
		ZIP Code
Phone: $\frac{4d0-54/4-1010}{4}$ Fax:		mail: 1epacy fires Sofofy, LIC
Phone: $\frac{4d0-5(14-1010)}{1}$ Fax: 1. What is your area of expertise in the industrial	stry? Fire Alarm, Fire Spe	inkler; Clean Agent Systems
2. How long have you worked in the industry?	19 years	J
3. What is your affiliation with the company?	V	tc.) Owner
4. Have you ever been convicted of a misden		
5. Have you had a license suspended or revolution	ked? □ Yes 🌣 No If yes, Explain	1
6. I, the undersigned, do hereby submit appli (Responsible Managing Employee) or Licensed and warrant, that I am acting in capacity of the responsibilities for said company's and my ow be granted. ✓ Yes ☐ No	e for the firm named herein. I determine the firm;	do hereby expressly represent, and I hereby agree to accept the
	Certifications	
NICET # /14698	NICET Level //	Expires 10/01/2020
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires
	Work History	
Company Position		From
Reparty General Transfer Service Mana		07/2008
		2001
CERTIFICATION (The following declaration is Department requires all persons seeking a lic authorize Pikes Peak Regional Building Depar information provided on this application. I agmay deny me a license after reviewing my Crapplication is untrue, license granted to me in Print name & title (RME):	tense to undergo a Criminal Bac tment to perform a Criminal Bac gree and understand Pikes Peak iminal Background Check. If ar is automatically revoked.	ckground Check. I hereby ackground Check utilizing a Regional Building Department
Security Central Inc. Service Tech Haron Fire 3 Sofefy Service Tech CERTIFICATION (The following declaration is Department requires all persons seeking a lice	nician 2008  Nician 2006  to be signed by the RME) Pike tense to undergo a Criminal Bac	s Peak Regional Building





# NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

1961 Providing Certification Programs Since

**BE IT KNOWN THAT** 

# Oleksandr Chepura

IS HEREBY AWARDED CERTIFICATION AT

LEVEL II

IN FIRE PROTECTION ENGINEERING TECHNOLOGY FIRE ALARM SYSTEMS

BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE, EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.

Certification Valid through October 1, 2020

CERTIFICATION NUMBER 114698

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

### Oleksandr Chepura

### Service Manager/Owner

720-544-1010 | legacyfiresafety@gmail.com | 12692 Fisher Drive, Englewood, CO 80112

### Skills Profile

Highly skilled and experienced professional in the fire prevention industry responsible for managing all systems divisions including fire sprinkler systems, fire alarm systems, preengineered and engineered fire suppression and special hazard systems, kitchen hood systems, fire extinguisher sales and service.

### Experience

# 07/2008-Present Legacy Fire & Safety, LLC Englewood, CO Service Manager/Owner

- Responsible for actively managing all systems divisions including fire sprinkler systems, fire alarm systems, pre-engineered and engineered fire suppression and special hazard systems, kitchen hood systems, fire extinguisher sales and service
- Responsible for leading and developing new business operations that provide detection and alarm system installations, ongoing inspection services for the multiple brands of systems to business customers.
- Responsible for continuous evaluation and analysis of operational plans and processes in order to achieve overall business goals and objectives.
- Responsible for purchasing and managing inventory.
- Responsible for field estimates for new projects as well as existing enhancement to the fire prevention systems
- Oversees system design review and approval drawings prior to permit application
- Work with state, county and city agency to ensure compliances with existing codes and regulations as well as accurate and timely projects reviews and approvals.

# 2006-2008 Security Central Inc. Centennial, CO Service Technician

- Responsible for installation, testing, maintenance and repair of fire alarm systems and burglar alarm systems
- Responsible for direct communication with customers to provide high level customer experience.
- Responsible for training of new technicians



Public Works
Building Division
15151 E. Alameda Pky
Aurora, CO 80012
303-739-7420

1327315

### CONTRACTOR LICENSE

Date of Issue: 10/17/2018 Date of Expiration: 11/01/2019

License Number: 2018 1539397 00 CL

Contractor Name: LEGACY FIRE AND SAFETY LLC

**Type of License:** Fire Alarm Systems Contractor

Permits Online User

LICENSING OFFICIAL

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division <u>Chapter 22</u> <u>Building and Building Regulations, Article III Contractors Division 22-61 through 22-102</u> for contractor and supervisor licensee responsibilities.

LEGACY FIRE AND SAFETY LLC P. O. Box 4393 ENGLEWOOD CO 80155

### Cut along perforated line

Wallet

Duplicate



Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420



Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420

Valid through: 11/01/2019

Valid through: 11/01/2019

Contractor: LEGACY FIRE AND SAFETY LLC

Contractor: LEGACY FIRE AND SAFETY LLC

Type of License: Fire Alarm Systems Contractor

Type of License: Fire Alarm Systems Contractor

License #: 2018 1539397 00 CL

License #: 2018 1539397 00 CL

A signed license by license official should be maintained in your files.

A signed license by license official should be maintained in your files.

# City of Longmont, Colorado Planning & Development Services Building Inspection Division

### **CONTRACTOR LICENSING CERTIFICATE**

This is to certify that Contractor License No. D15005224 is granted to OLEKSANDR CHEPURA doing business as LEGACY FIRE & SAFETY, LLC and entitles the licensee to contract for all work covered under class D15 - Low Voltage as permitted by adopted by the City of Longmont. This license is not transferable.

This license, as assigned, is renewable annually.

	May 15, 2018
Building Official	Date



1316374

Public Works
Building Division
15151 E. Alameda Pky
Aurora, CO 80012
303-739-7420

### SUPERVISOR LICENSE

License Number: 2018 1517071 00 SL Supervisor Name: OLEKSANDR CHEPURA

Type of License: Fire Alarm Systems Contractor

Permits Online User

LICENSING OFFICIAL

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division <u>Chapter 22</u> <u>Building and Building Regulations</u>, <u>Article III Contractors Division 22-61 through 22-102</u> for contractor and supervisor licensee responsibilities.

OLEKSANDR CHEPURA P. O. Box 4393 Englewood, CO 80116

### Cut along perforated line

Wallet

Duplicate



Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420



Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420

Valid through: 08/31/2021

Valid through: 08/31/2021

Contractor: OLEKSANDR CHEPURA

Type of License: Fire Alarm Systems Contractor

License #: 2018 1517071 00 SL

A signed license by license official should be maintained in your files.

Contractor: OLEKSANDR CHEPURA

Type of License: Fire Alarm Systems Contractor

License #: 2018 1517071 00 SL

A signed license by license official should be maintained in your files.



### City and County of Broomfield One DesCombes Drive Broomfield, Colorado 80020

### **Contractor's License**

LEGACY FIRE & SAFETY LLC PO BOX 4393 ENGLEWOOD, CO 80155

License Type: GenC

This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.

Effective Date: 01/12/2018 Expiration Date: 01/12/2019

Timothy Pate, Chief Building Offical

Thook Pale

Contractor Wallet ID Card
Cut on outside line and fold to fit.

Issued to:LEGACY FIRE & SAFETY LLC

Address:PO BOX 4393

ENGLEWOOD, CO 80155

License No.:OL-19-11705

This registration/ficense duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/ficensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be ravoked, suspended, or denice for cause in accordance with BAKE Title 15.

Effective Date: 01/12/2018 Expiration Date: 01/12/2019

Timothy Pate
Chief Building Offical

City and County of Broomfield

One DesCombes Drive Broomfield, CO 80020

Information needed to request an inspection:

- >> Permit Number
- >> Address of Inspection
- >> Type of Inspection
- >> Date of Requested Inspection
- >> Name and phone number of person requesting inspection

Inspection Line:

303.438.6376

No: OL-19-11705

**Building Division:** 

303.438.6370

Fax:

303.438.6207



# **City of Boulder** Planning & Development Services 1739 Broadway, Third Floor, Boulder CO 80302 | PO Box 791, Boulder CO 80306-0791

P: 303-441-1880 F: 303-441-4241 | BoulderPlanDevelop.net | plandevelop@bouldercolorado.gov

LEGACY FIRE & SAFETY LLC 12692 FISHER DR. ENGLEWOOD, CO 80112

October 02, 2018

### **CONTRACTOR LICENSE**

This document certifies that LEGACY FIRE & SAFETY LLC currently holds the following contractor license:

License# Classification **License Type Expiration Date** 

LIC-0011361-FIREALM Contractor - Fire Class C Fire Alarm Systems 10/02/2019



1316374

Public Works
Building Division
15151 E. Alameda Pky
Aurora, CO 80012
303-739-7420

### SUPERVISOR LICENSE

License Number: 2018 1517071 00 SL Supervisor Name: OLEKSANDR CHEPURA

Type of License: Fire Alarm Systems Contractor

Permits Online User

LICENSING OFFICIAL

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division <u>Chapter 22</u> <u>Building and Building Regulations</u>, <u>Article III Contractors Division 22-61 through 22-102</u> for contractor and supervisor licensee responsibilities.

OLEKSANDR CHEPURA P. O. Box 4393 Englewood, CO 80116

### Cut along perforated line

Wallet

Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420



Duplicate

Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420

Valid through: 08/31/2021

Valid through: 08/31/2021

Contractor: OLEKSANDR CHEPURA Contractor: OLEKSANDR CHEPURA

Type of License: Fire Alarm Systems Contractor

Type of License: Fire Alarm Systems Contractor

License #: 2018 1517071 00 SL License #: 2018 1517071 00 SL

A signed license by license official should be maintained in your files.

A signed license by license official should be maintained in your files.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:
Blanket Where Required by Written Contract;

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV - COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your operations or "your work" done under a written agreement that requires you to waive your rights of recovery. The written agreement must be made prior to the date of the "occurrence". This waiver applies only to the person or organization shown in the Schedule above.

### **Declaration of Independent Contractor Status Form**

According to the Colorado Workers' Compensation Act, a person is an independent contractor, not an employee, if both of the following statements are true.

- 1. He/she is free from control and direction in the performance of the service (unless control is exercised under the requirement of any state or federal statute or regulation).
- 2. He/she is customarily engaged in an independent trade, occupation, profession, or business related to the services performed.

The Colorado Workers' Compensation Act also outlines nine criteria (listed on page 2) to help determine whether or not the above statements are true. For an individual to be considered an independent contractor, he/she must meet only those criteria that are appropriate to the situation. He/she does not need to meet all of the nine criteria.

This Declaration of Independent Contractor Status Form documents the business relationship as defined in the Colorado Workers' Compensation Act. It is the responsibility of our policyholders and their independent contractor(s) to correctly and truthfully complete this form. Pinnacol Assurance will accept this form only when it is initialed where applicable, signed, and notarized by both parties. If you do not understand this form, do not sign it.

If you have any questions, please contact a member of Pinnacol's customer service team at 303.361.4000 or 800.873.7242.

Please make copies of this form as needed. You should complete this form only once for each independent contractor for the lifetime of your Pinnacol policy or until the business relationship changes.

This form is not valid unless a signed and notarized copy of the form is returned to Pinnacol Assurance. Keep the original for your records and send a copy to Pinnacol. You can do this the following ways:

- Email: customer service@pinnacol.com
- Mail: Pinnacol Assurance
   P.O. Box 469011
   Denver, CO 80246-9011
- Fax: 303.361.5000

### **Certification by Independent Contractor**

The independent contractor understands that he/she:

- Will not be entitled to any workers' compensation benefits in the event of injury.
- Is obligated to pay all federal and state income tax on all money earned while performing services for the business.

<ul> <li>Is required to p</li> </ul>	provide workers' compensat	ion insurance for all w	orkers that he/she hires.
Signature:		Title:	
Last four digits of So	ocial Security #: XXX-XX	(please do not provide	e us with your complete Social Security #
Workers' Compensation of covered by other	ndependent Contractor named on the stion Act. If individuals or organization workers' compensation insurance ge of those individuals or organization	ions hired or contracted by e, the policyholder specified	
Notary Public			
State of Colorado	)		
	) §§		
County of	)		
Subscribed and swo	ern before me by:		
This day	of		
Commission expires	24	= 44 - 44 - 44 - 44 - 44 - 44 - 44 - 44	
Signature:			
Certification By	Pinnacol Policyholder		
	thorized by the business listed abo nd that if the above person does n ressed.		
Signature:		Title:	
	Employer Identification #:		
Notary Public			
State of Colorado	)		
	) §§		
County of	)		
Subscribed and swo	orn before me by:		
	of		

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Legacy Fire & Safety LLC

is a

### Limited Liability Company

formed or registered on 07/07/2008 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20081362427.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/17/2019 that have been posted, and by documents delivered to this office electronically through 01/22/2019 @ 07:12:51.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/22/2019 @ 07:12:51 in accordance with applicable law. This certificate is assigned Confirmation Number 11341783 .



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

İlf	SUBROGATION IS WAIVED, subjection is certificate does not confer rights	ct to	the	terms and conditions of	the po	licy, certain i	policies may	NAL INSURED provision: require an endorsement	s or be l. Ast	e endorsed. atement on
	DUCER	o tire	cert	incate noider in field of St					-	
T. Charles Wilson Insurance Service			CONTACT Vicki Sullivan NAME: PHONE (A/C, No, Ext): (303) 872-1926  FAX (A/C, No):							
384 Enc	Inverness Parkway Suite 170 lewood, CO 80112				E-MAIL	s. vsullivar	@wilsonin	(A/C, No):		
	,00000,00000112				ADDKE			RDING COVERAGE		
					INSTIDE		Indemnity			NAIC# 10851
INSU	IRED			***			_	Casualty Co	-	10194
	Legacy Fire & Safety LLC				INSURE		<u> </u>	ousually oo		10134
	PO Box 4393				INSURE				_	
	Englewood, CO 80155				INSURE		****			
					INSURE					
CO	VERAGES CEI	RTIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	REM TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAI THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE JED HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	Х	51GL007169181		3/20/2018	3/20/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PROT LOC	1						PRODUCTS - COMP/OP AGG	\$	2,000,000
_	OTHER:	-							\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO OWNED SCHEDULED			07772965-8		1/1/2019	1/1/2020	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						,	PROPERTY DAMAGE (Per accident)	\$	
Α	UMBRELLA LIAB X OCCUR	-							\$	2 000 000
	WINDERLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE			51CC002608181		3/20/2018	3/20/2019	EACH OCCURRENCE	\$	2,000,000
	DED RETENTION\$	-				0,20,2010	0/20/2015	AGGREGATE	\$	2,000,000
	WORKERS COMPENSATION	+						PER OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	1						E.L. DISEASE - EA EMPLOYEE		
	DESCRIPTION OF OF EVALUATIONS BEIOW	<u> </u>						E.L. DISEASE - POLICY LIMIT	3	
Cov	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC erage applies per policy terms and cor quired by written contract, as provided quired by written contract, as provided	dition by at	ıs tache	d policy form. Certificate I	Holder i	s included as	Additional I	nsured as respects Gener	al Liat	ility.
CE	PTIEICATE HOLDER				CANG	ELLATION				
UE	RTIFICATE HOLDER		-	***	CANC	ELLATION				
	Pikes Peak Regional Buildi 2880 International Circle Colorado Springs, CO 8091	Ť.,	partr	nent	THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL E CY PROVISIONS.		
					1	RIZED REPRESE	ntative Sulli-			



### PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

1/22/2019 2:55:54 PM (PAULM)

Receipt #: 1571085

Invoice

Customer: legacy fire & safety

70		
i ransac	rıon	Summary

Account	Description		Referenc	ce Amount
1301-40036	CONTRACTOR FEES	APPLICATION	APP FI	EE \$50.00
1301-40112	CONVENIENCE FEE	WESTERN UNION SPEEDPAY	(TELEPHONE) F	EE\$3.50

Total Due: \$53.50

**Payment Summary** 

Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	674867	\$53.50

Total Tendered: \$53.50

Comment:

### PIKES PEAK REGIONAL BUILDING DEPARMENT

Business Information

### Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

### **RBD USE ONLY**

Date Initial

Receipt # RBD #

Type of Entity (Check one) □ Individual □ Partnership □ Corporation ☒ LLC
Business Name: Legacy Fire & Safety, LLC
(The business name is the name that yill appear on the license and is the actual name under which the contracting business will operate.)
Federal Employer Identification Number:
Business Address: 12692 Fisher Drive or PO Box 4393
Street Address Apartment/Unit #
Cuglewood Co Soll2 City State ZIP Code
Business Phone: 720-544-1010 Business Email: 1000cy fire SQ + Cfy 5) 91000; 1004
Business Fax: Business Website:
Company's Principal Officers, Partners, or Owners
Name: Oleksandr Chepora Title: Dunce
Name: Oksana Chepura Title: Oconor
1. Number of years company has operated as a contractor? (If new, write "new")
2. Type of work performed? (Check one or both, if applicable) ☐ Residential ☐ Commercial
3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor?   ☐ Yes  ☐ No If yes, Explain
4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain
5. Has the company ever declared bankruptcy?   Yes   No If yes, Explain
6. Has the company ever had a license suspended or revoked? ☐ Yes 🂢 No If yes, Explain
7. Has the company ever defaulted on a contract?   Yes No If yes, Explain
Licenses held by the Company
Jurisdiction - License type and number  Jurisdiction - License type and number
Abrora Supervisor dielace Fire Harnelity's County of Broomfield Contractor died # 2018 1517071 00 St # 06-19-11705
Aurora Coutractor dicense Fire Alam . City of Boulder Contractor dicense
# 2018 1539394 00 CL LIC-00 H361-04
Liteure D15005224

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: 9056 East Parker Avewe, Parker Co
Type of work (check one) □ Residential ☑Commercial
Cost: 10,398 Date: 08/31/18 Your position: Fire Alanu & Fire Sprinkler Contractor
Describe Job in detail: Elevator Coutrol Bystem in Stallation
2. Project Street Address: 8640 S Peoria Street Suite 100 Cuplewood, Ca
Type of work (check one)  Residential Commercial
Cost: 8, 755 Date: 11/22/18 Your position: Fire Alarm Contractor
Describe Job in detail: 1 12sta l' fire alary system
3. Project Street Address: 1265 Stg. Jon Stiles Dr. Svite B Highlands Ranch, CO
Type of work (check one) ☐ Residential ☐Commercial
Cost: 39,091 Date: 5/28/18 Your position: Fire Alaru & Fire Sprinkler Contre
Describe Job in detail: Instal fire alarms fire sprinkler systems
4. Project Street Address: 6435 West Colfax Ave., Lakecuocol, CO
Type of work (check one)  Residential Commercial
Cost: 8,948 Date: 5/28/18 Your position: Fire Alarm Cartractor
Describe Job in detail: Instal fire alarm System
5. Project Street Address: 1195.3 Holly Street, 7 Loruton, CO
Type of work (check one)  Residential Commercial
Cost: 25, 597 Date: 6/30/18 Your position: Fire Alary & Fire Sprinhlen Court.
Describe Job in detail: Two tal fire alarm & fire 3 prin hear System
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print name and title (owner, principal or manager) Oleksande Chepiece Sopurce Mag/Ospace
Signature: Date:

Responsible Mar	naging Employee (RME) Info	rmation
Legal Name: Chepura	Oleksand) First	M.I.
Date of Birth: 05-03-1976	Social Security Number	
Address: 12692 Fisher	Drive	
Street Address	0 -	Apartment/Unit #
Englewaod	<u> </u>	80112
o city	State	ZIP Code
Phone: $\frac{7}{400} - \frac{5}{44} - \frac{1010}{100}$ Fax:  1. What is your area of expertise in the industrial in the industria		Email: 18004 tive 3 Sofofy, 11C
1. What is your area of expertise in the indu	ustry? tire Slarur, tire Sp	<u>rinkler; Clean Agent Sys</u> lems
2. How long have you worked in the industry	y? <u>19 years</u>	
3. What is your affiliation with the company	/? (Owner, partner, employee,	etc.) Ourer
4. Have you ever been convicted of a misde		
5. Have you had a license suspended or revo	,	
6. I, the undersigned, do hereby submit app (Responsible Managing Employee) or License and warrant, that I am acting in capacity of responsibilities for said company's and my obe granted. ✓ Yes □ No	ee for the firm named herein. I the RME/Licensee of said firm	do hereby expressly represent, ; and I hereby agree to accept the
<i>y</i>	Certifications	
NICET # /14698	NICET Level	Expires 10/01/2020
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires
是第5万里特里克尔·科里尔尔克里尔·科里尔克	Work History	
Company Position Leoncy Give & Safety III Service Man		From 07/d.008
Security Central Inc Service Tec	11 / .	1006
Maron Fire & Sofety Service Tech		2001
CERTIFICATION (The following declaration Department requires all persons seeking a lauthorize Pikes Peak Regional Building Depainformation provided on this application. It may deply me a license after reviewing my deply my deply me a license after reviewing my deply me a license after reviewing my deply my deply me a license after reviewing my deply my depl	icense to undergo a Criminal Ba artment to perform a Criminal I	ackground Check. I hereby Background Check utilizing
application is untrue, license granted to me	Criminal Background Check. If a se is automatically revoked.	any information provided on this

Licensee Information				
Legal Name: Chepura	Oleksan	edr		
Last	First	M.I.		
Date of Birth: 05-03 -1976	Social Security Number:			
Address: 12692 Fisker	Drive			
Street Address		Apartment/Unit #		
_ Englewood	CO	80112		
City V	State	ZIP Code		
Phone: $\frac{720 - 544 - 1010}{}$ Fax:	Em	nail:/ <u>laacy f<sup>o</sup>re s Sa fefy An</u> wa		
1. What is your area of expertise in the indu	stry? Fire alarm, Fire Spo	inkler; Char Agent System		
2. How long have you worked in the industry	V			
3. What is your affiliation with the company	? (Owner, partner, employee, etc	c.) Owner		
4. Have you ever been convicted of a misder	meanor or felony? □ Yes □\(\)(\)(\)(\)	yes, Explain		
5. Have you had a license suspended or revo	ked? □ Yes ¤\No If yes, Explain			
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No				
The Committee of the Co	Certifications			
NICET # 114698	NICET Level 🎵	Expires 10/01/2020		
P.E. #	Issued	Expires		
D.O.T. #	Issued	Expires		
Work History				
Company Position	on To	From		
0.6 4 5 1 2 2 2	eagor/Cum Present	07/2008		
Security Cludrate ine Service Te		2006		
Harow Gire & Safety Service Toe	hucian 2006	de		
CERTIFICATION (The following declaration Department requires all persons seeking a lauthorize Pikes Peak Regional Building Depainformation provided on this application. It may deny me a license after reviewing my application is untrue, license granted to me	icense to undergo a Criminal Bac artment to perform a Criminal Ba agree and understand Pikes Peak Criminal Background Check. If an e is automatically revoked.	kground Check. I hereby ickground Check utilizing Regional Building Department y information provided on this		
Print name & title (Licensee): <u>Oldksar</u>	odej Chepura - Sex	evice Managen / Owner		
Signature of (Licensee):	1	Date: <u>1/22/2019</u>		

### **Declaration of Independent Contractor Status Form**

According to the Colorado Workers' Compensation Act, a person is an independent contractor, not an employee, if both of the following statements are true.

- 1. He/she is free from control and direction in the performance of the service (unless control is exercised under the requirement of any state or federal statute or regulation).
- 2. He/she is customarily engaged in an independent trade, occupation, profession, or business related to the services performed.

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If you have any questions, please contact a member of Pinnacol's customer service team at 303.361.4000 or 800.873.7242.

Please make copies of this form as needed. You should complete this form only once for each independent contractor for the lifetime of your Pinnacol policy or until the business relationship changes.

This form is not valid unless a signed and notarized copy of the form is returned to Pinnacol Assurance. Keep the original for your records and send a copy to Pinnacol. You can do this the following ways:

- Email: customer service@pinnacol.com
- Mail: Pinnacol Assurance
   P.O. Box 469011
   Denver, CO 80246-9011
- Fax: 303.361.5000

## **Declaration of Independent Contractor Status Form**

We certify UNDER PENALTY OF PERJURY that (insert	contractor's name and trade name below):
Name: Oleksandr Chepura	Trade name: Legacy Fire & Safety, LLC
Performing (type of work): Fire Protection	
Federal Employer Identification #: 26-2927374	
Address: P.O. Box 4393, Englewood, CO 80155	
Phone: (720)544-1010	
Is an independent contractor (IC) and is not an employee	of the following policyholder (PH):
Policyholder's name:	
Address:	
Policy #:	Phone:
We also certify, by <b>OUR</b> initials <b>WHERE APPLICABLE</b> , to performs services meet the following criteria:	that the above business for which the above individual
IC OC PH1. The business DOES NOT require the individual name performed (except that the individual name period);	vidual to work ONLY for the business for whom services may DECIDE to work only for the business for a definite
ICOC PH2. The business DOES NOT establish a quamay provide plans and specifications regathe individual as to how work will be performance.	rding work but cannot oversee the actual work or instruct
ICOCPH3. The business DOES NOT pay the individurate;	al a salary or an hourly rate instead of a fixed or contract
ICOC PH4. The business DOES NOT terminate the w unless the individual violates the terms of specifications of the contract;	ork or the service provided during the contract period the contract or fails to produce a result that meets the
ICOC PH5. The business DOES NOT provide more the	
IC_ocPH6. The business DOES NOT provide tools or equipment may be supplied);	benefits to the individual (except that materials and
IC_ocPH7. The business DOES NOT dictate the time range of agreeable work hours may be est	of performance (except that a completion schedule and a ablished);
IC_OCPH8. The business DOES NOT pay the individue to the trade or business name of the individual to the individual	al personally instead of making payment or checks payable dual;
IC_ocPH9. The business DOES NOT combine the but operations instead of maintaining all such	siness operations in any way with the individual's business operations separately and distinctly.

Do not forget to complete page 3 of this form, which contains the Certification by the Independent Contractor. This certification must be signed and notarized.

### **Certification by Independent Contractor**

The independent contractor understands that he/she:

• Will not be entitled to any workers' compensation benefits in the event of injury. • Is obligated to pay all federal and state income tax on all money earned while performing services for the business. • Is required to provide workers' compensation insurance for all workers that he/she hires. Signature: Title: Service Manager/Owner Last four digits of Social Security #: XXX-XX-\_\_G67\_ (please do not provide us with your complete Social Security #) Acceptance of the Independent Contractor named on this form does not change any party's responsibility under the Workers' Compensation Act. If individuals or organizations hired or contracted by the Independent Contractor are not covered by other workers' compensation insurance, the policyholder specified on this form will be charged premium for coverage of those individuals or organizations. **Notary Public** KEVIN O'CONNOR NOTARY PUBLIC STATE OF COLORADO State of Colorado NOTARY ID 20164040208 MY COMMISSION EXPIRES OCTOBER 20, 2020 ) 88 County of Dobel 45)\_ Subscribed and sworn before me by: Olek Sandr Chepura Commission expires: 10 Signature: 12em Certification By Pinnacol Policyholder I certify that I am authorized by the business listed above to state that all of the information on this form is true and accurate. I understand that if the above person does not qualify for independent contractor status, the proper premium can be assessed. Signature: \_\_\_\_\_ Title: \_\_\_\_ Policy # or Federal Employer Identification #: **Notary Public** State of Colorado ) ) §§ County of Subscribed and sworn before me by: This \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_ Commission expires: Signature:

PINNACOL

### CHARLE DURING THE BOOK OF THE CONTROL OF THE CONTRO

### **Fire Suppression Contractor License Application**

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY
Date
Initial
Receipt #
RBD #

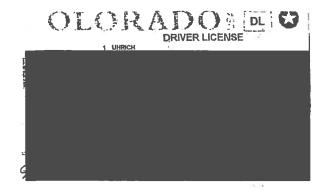
FIRE SUPPRI	ESSION CONTR	ACTOR LICENS	E REQUESTE	D (Check one)	· ·	NEW OF SERVICE SERVICE
☑ FSC-A	☐ FSC-B	☐ FSC-C	☐ FSC-D	☐ FSC-H	☐ FSC-M	
Type of Entit	y (Check one)	□ Individual	☐ Partnersh	nip 🗆 Corpora	ation   LLC	
Business Nam (The business na	ne: TRI COL	JNTY FIRE I	PROTECTION	ON the actual name und	der which the contrac	cting business will operate.)
Federal Empl	loyer Identifica	tion Number:	84-0658588	3		
	ress: 3159 E					
	Street A				Apartmer	nt/Unit #
	RIFLE			CO		81650
	City			State		ZIP Code
Business Pho	ne: <u>970-62</u>	5-4533		Business Email:	JUHRICH(	@TCFIRE.NET
Business Fax:	970-625	9010	{	Business Websit	e: WWW.T	CFIRE.NET
Name: JAS	rincipal Office	ICH			Title: M	
Name: Un	אוס טחאו	СП			Title: M	RG
Name:					Title:	
1. Number of	f years the com	pany has oper	ated as a cont	ractor? (If new,	, write "new") _	15
2. What is the company's area of specialties? AUTOMATIC SUPPRESSION SYSTEMS						
Type of work	performed? (C	heck one or bo	oth, if applica	ble)	☐ Residential	☑ Commercial
3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☑ No If yes, Explain						
4. Has the company been a defendant in a collection action court case? ☐ Yes ☑ No If yes, Explain						
5. Has the company ever declared bankruptcy? ☐ Yes ☑ No If yes, Explain						
6. Has the company ever had a license suspended or revoked? ☐ Yes ☑ No If yes, Explain						
7. Has the company ever defaulted on a contract? □ Yes ☑ No If yes, Explain						

1. Project Street Address: MONTANA VISTA 127 E ALLEN ST CASTLE ROCK CO 80104
Type of work (check one) □ Residential □Commercial
Cost: \$32,558.00 Date: 12/21/14 Your position: MANAGER
Describe Job in detail: NEW SPRINKLER INSTALL (136 SPRINKLERS)
2. Project Street Address: MONACO PLAZA 4725 S MONACO DENVER CO 80237
Type of work (check one) □ Residential □Commercial
Cost: \$6,000.00 Date: 03/21/18 Your position: MANAGER
Describe Job in detail: SPRINKLER TENNANT FINSH SUITE 205 (12 SPRINKLERS)
3. Project Street Address: DRYLAND SPORTS 1417 S HOLLY ST DENVER CO 80222
Type of work (check one) □ Residential ☑Commercial
Cost: 2,550.00 Date: 12/15/2018 Your position: MANAGER
Describe Job in detail: ADD 4 SPRINKLERS TO EXISTING SPRINKLER SYSTEM
4. Project Street Address: DC PIE COMPANY 2223 E COLFAX AVE DENVER 80206
Type of work (check one) ☐ Residential
Cost: \$4000.00 Date: 10/14/2018 Your position: MANAGER
Describe Job in detail: RELOCATE 16 SPRINKLERS ADD 3 SPRINKLERS ON EXISTING SYSTEM
5. Project Street Address: UNRAVEL COFFEE 1441 S HOLLY ST DENVER CO 80222
Type of work (check one) ☐ Residential
Cost: \$3,200.00 Date: 1/19/2019 Your position: MANAGER
Describe Job in detail: ADD 6 SPRINKLERS ON EXISTING SYSTEM
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print Name and title (owner, principal or manager)  JASON UHRICH
Signature:

Legal Name	me: UHRICH Last		JASON			G	
				First			M.I.
Date of Birt	te of Birth: 04/20/1970 So		ocial Security Number:				
Address: 1	0719 ASMESB	URY WAY		-			
		Address	· · · · · · · · · · · · · · · · · · ·			Apartment/Un	it#
Ll	TTLETON		CC			80126	
	City			State		ZIP C	pde
Phone: 9	70-987-8188	Fax	970-625	-9010	Email:	JUHRICH@	TCFIRE.NET
1. What is y	our area of exp			ECIAL HAZ			
2. How long	have you work	ed in the industr	<sub>y?</sub> 30 Y	EARS			
3. What is y	our affiliation v	vith the company	/? (Owner,	partner, employe	e, etc.) <u></u>	OWNER /	PARTNER
				felony? □ Yes ☑			
5. Have you	ı had a license s	uspended or revo	oked? 🗆 Ye	s ☑ No If yes, Exp	olain		
and warran	t, that I am acti ties for said con	ng in capacity of npany's and my o	the RME/L	irm named hereir icensee of said fi in connection wi	rm: and l	hereby agree	to accept the
	NICET #						
94172	NICET #		III	CET Level	05/01/6	Expires	
	P.E. #		111	Issued	05/01/2	Expires	
	D.O.T. #			Issued		Expires	
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TRI COUN		SYSTEMS MA		PRESENT		2006	
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Department authorize P information may deny n application	requires all per ikes Peak Region provided on thi ne a license afte is untrue, licen	rsons seeking a li nal Building Depa is application. I a	icense to un artment to agree and un ariminal Ba aris automa	ned by the RME) F ndergo a Criminal perform a Crimina Inderstand Pikes F ckground Check. I tically revoked.	Backgrou al Backgro Peak Regio	nd Check. I he ound Check uti onal Building E rmation provi	ereby ilizing Department ded on this
Signature o	f (RME):	July	a_			Date: _	1-22-41

### See attached page with Licensee Signature!

6 - 6					
Legal Na	ame: UHRICH		JASON		
	Last		First		M.I.
Date of Birth: <u>04/20/1970</u>			ocial Security Numb	er:	
Address		SBURY WAY			
		Address	00	Apartment/	
	LITTLETON	N	CO		80126
Phone:	970-625-45	533 <sub>Fax:</sub> 970-6	25-9010	State  Email: JUHRIC	ZIP Code H@TCFIRE.NET
1. What	is your area of exp	ertise in the industry?	CIAL HAZARD / FIRE S	SPRINKLER DESIGN	AND INSTALLATION
		ed in the industry? 30 Y			
		vith the company? (Owner,		, etc.) OWNER	7 / PARTNER
4. Have	you ever been conv	victed of a misdemeanor or	felony? □ Yes ☑ N	o If yes, Explain _	
5. Have	you had a license s	uspended or revoked? □ Ye	es 🛮 No If yes, Expl	ain	
decision	is, checking jobs for	ising, managing construction r proper workmanship, or d rm one or more of these du	irect supervision or	ing technical and a i job sites. Will you	idministrative I, as the
MERKALI	NICET #		ICET Level	Exp	ires
94172			ICET Level	05/01/2021	ires
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94172		N	ICET Level	05/01/2021 Exp	
94172	P.E. #	N	ICET Level Issued	05/01/2021 Exp	ires
94172	P.E. # D.O.T. #	N  III                 	ISSUED ISSUED	05/01/2021 Exp	ires
	P.E. # D.O.T. # Company	Position	ISSUED TO	05/01/2021 Exp Exp	ires
TRI CO	P.E. # D.O.T. #	N  III                 	ISSUED TO PRESENT	Exp Exp 2006	ires
TRI CO	P.E. # D.O.T. # Company DUNTY FIRE	Position SYSTEMS MANAGER	ISSUED TO	05/01/2021 Exp Exp	ires
TRI CO AAROI CERTIFI Departm authoriz informa may der applicat	P.E. #  D.O.T. #  Company  DUNTY FIRE  N FIRE SAFETY  CATION (The followment requires all percentage provided on the percentage provided p	Position SYSTEMS MANAGER	Issued Issued Issued To PRESENT 1998 Ined by the License indergo a Criminal Isperform a Criminal Inderstand Pikes Peackground Check. If itically revoked.	Exp  Exp  Exp  2006 2006  Pikes Peak Regisackground Check. Background Checkeak Regional Buildi	From  onal Building I hereby k utilizing
TRI CO AAROI CERTIFI Departm authoriz informa may der applicat	P.E. #  D.O.T. #  Company  DUNTY FIRE  N FIRE SAFETY  CATION (The followed a require all personal pers	Position  SYSTEMS MANAGER  VAROIUS  ving declaration is to be signsons seeking a license to unal Building Department to is application. I agree and user reviewing my Criminal Base granted to me is automatical services.	Issued Issued To PRESENT 1998 Indergo a Criminal Experiorm a Criminal Ex	Exp  Exp  2006 2006 2006  Pikes Peak Reginackground Checker Regional Building any information p	From  onal Building I hereby k utilizing





# NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Jason G. Uhrich

IS HEREBY AWARDED CERTIFICATION AT

LEVEL III

IN FIRE PROTECTION ENGINEERING TECHNOLOGY WATER-BASED SYSTEMS LAYOUT

BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE, EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.

Certification Valid through May 1, 2021

CURTIFICATION NUMBER 94172

7

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

LICENSE NO.

### CITY OF AURORA, COLORADO

187809

NOTICE: THIS LICENSE MUST BE PLACED IN A CONSPICUOUS PLACE AT ALL TIMES

Business Address:

COLORADO WEST FIRE

Issue Date: 01/21/2019 Expiration Date: 01/20/2021

3159 BARON LN **RIFLE CO 81650** 

Type of License

General Business License

Period Covered

Fee

01/21/2019 - 01/20/2021

\$0.00

Mailing Address:

COLORADO WEST FIRE

3159 BARON LN **RIFLE CO 81650**  Total Fees Paid: \$0.00

NOTICE THIS LICENSE MUST BE SURRENDERED UPON REVOCATION, SUSPENSION, TERMINATION, CHANGE OF LOCATION, TRANSFER OF OWNERSHIP. 

### City and County of Denver **Community Planning and Development**

www.denvergov.org/contractor\_licensing

Certificate/Registration Number:

CERT1019832

Certificate Type: Fire Pro A Supervisor

Expiration Date: 01/31/2022

By Authority of the Executive Director of Community Planning and Development

Issued To:

JASON G UHRICH 10719 AMESBURY WAY HIGHLANDS RANCH, CO 80126

Amount Fund/Org/Revenue Code

Payment Date Trans #

Status

\$60.00 R352500-\*-01010-0141200

01/02/2019 5103448

Paid

### CERTIFICATE MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on

Renewal information is available at www.denvergov.org/Contractor\_Licensing.

INSPECTION INFORMATION

Please provide the following information when you call for an inspection:

- √ Permit number
- $\sqrt{\phantom{a}}$  Type of inspection and inspection code

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Inspections are performed Monday through Friday.

### Community Planning and Development 201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202

Licenses & Certificates:

720.865.2770

Permit Counter:

720.865.2705

Inspection Administration:

720.865.2505

Automated Inspection Request:

720.865.2501

LIC.100 (8/09) CPD



No. 109130



Department of Finance

Issued Date

January 1, 2019

Nature of Business

FIRE PROTECTION

This certifies that the licensee shown hereon is authorized to collect the taxes below for the City of Boulder, Colorado, at the address shown hereon, in accordance with the provisions of ordinance 2803.

Owner Name TRI COUNTY FIRE PROTECTION INC

Tax Type(s)

Reporting Period

Doing Business As TRI COUNTY FIRE PROTECTION INC 3159 Baron Ln

ST Sales Tax Use Tax Consumer

Annual Annual

Rifle, CO 81650

Not transferable. Valid until revoked or cancelled. This license must be posted in a conspicuous place. and the months of the second state of the second se

Sales tax should be charged on all retail sales of tangible personal property, including day-to-day equipment rentals and leases. Some services, such as cable television, telephone, gas and electric are also taxable.

Use tax is the reciprocal of sales tax. Use tax applies to all materials and equipment purchased for use in your business. This equipment and materials are not for resale and must not have had any other city's tax applied at the time of purchase. Verify the tax you pay to any vendor when purchasing materials and equipment to assure you are not over paying your taxes.

Admissions tax is usually charged for the admission into an event, such as a nightclub or theater.

Accommodations tax is charged for the use of a hotel/motel room for thirty (30) days or less.

Tax returns are due on the 20th of each month following your report period. If the 20th falls on a city holiday or on a weekend, the following business day is the due date. A tax return must be filed, even if taxes are not due.

Tax Rates in effect as of December 28, 2018 in the City of Boulder:

Accommodations:	7.50 %
Admissions	5.00 %
Construction Use Tax	3.86 %
Consumer Use Tax	3.86 %
Food Service	0.15 %
Motor Vehicle Use Tax	3.86 %
Retail Sales Tax	3.86 %
Trash Tax	(see Trash Tax schedule)

Please visit our web site at: www.bouldercolorado.gov/salestax

For questions about city taxes and licensing, please call the City Boulder Sales Tax Division at (303) 441-3050. Correspondence should be mailed to the City of Boulder Sales Tax Division, P.O. Box 791, Boulder, CO 80308-0791.

For questions about state taxes, please call State of Colorado Taxpayer Services at (303) 238-7378.

### **Licensed Contractor - # 0013289**

This is to certify that

TRI COUNTY FIRE PROTECTION, INC PO BOX 309 RIFLE CO 81650



Phone: 970-625-4533

is hereby licensed to engage as a Contractor limited to: D16 - Fire Protection

as provided under Title IV, Chapter I of the Pueblo Municipal Code, as amended, until December 31, 2019 unless this license shall be sooner revoked.

BUILDING OFFICIAL

Please check out our E-Gov website at www.prbd.com for live online permits and inspection requests. Additional features will be added shortly.

### **Jason Uhrich**

### Experience

### 2006-Present

### Tri County Fire Protection

### General Manager

- Responsible for all systems divisions including fire extinguisher sales and service, fire sprinkler, fire alarm system, pre-engineered and engineered systems
- Oversaw system design review and approved drawings prior to permit application
- Responsible for all business operations including accounts payable, accounts receivable, human rescources, purchasing, recharge shop operations, and all other associated operations.

2001-2006

Aaron Fire & Safety

Denver, CO

### **Systems Division Manager**

- Responsible for all systems divisions including fire sprinkler, fire alarm system, preengineered and engineered systems.
- Oversaw system design review and approved drawings prior to permit application.
- Review and approve staff estimates

1996-2000

Aaron Fire & Safety

Denver, CO

### Sales Manager

- Implemented training for new service technicians
- Managed sales and training in all divisions
- Started engineered systems division, designed systems and managed installations
- Expanded fire sprinkler division into tenant finish and new construction.
- · Implemented fire extinguisher sales incentive programs.

1991-1995

Aaron Fire & Safety

Denver, CO

### Service Manager

- Expanded fire sprinkler service division from one service technicians to six technicians testing inspecting and repairing all types of fire sprinklers
- Managed ten standard product service technicians
- Managed two sales representatives.

1987-1990

Aaron Fire & Safety

Denver, CO

### Service Technician

- Fire Extinguisher Technician.
- Pre-engineered system installation.
- Developed the southern metro area service route into the largest and most profitable.

#### Certifications

- NICET III #94172 Fire Sprinkler Design
- Factory trained end certified:

Ansul - R102, Piranha, IND-X, Inergen, Foam systems, detection and control.

Badger - Portable Fire Extinguisher Service

Pyro-Chem - Kitchen Knight II, Monarch, FM200, detection and control. Amerex - KP Hood system, IS Industrial system, and PRM detection.

Kidde/ Range Guard - Wet Chemical, IND, FM200, Novec, FE13, and Argonite,

Edwards Vigilant - Detection and Control

See revised letter stating that RME is a full time employee!



# PROTECTION

PO Box 309 Rifle CO, 81650 PHONE: 970-625-4533 800-640-4007

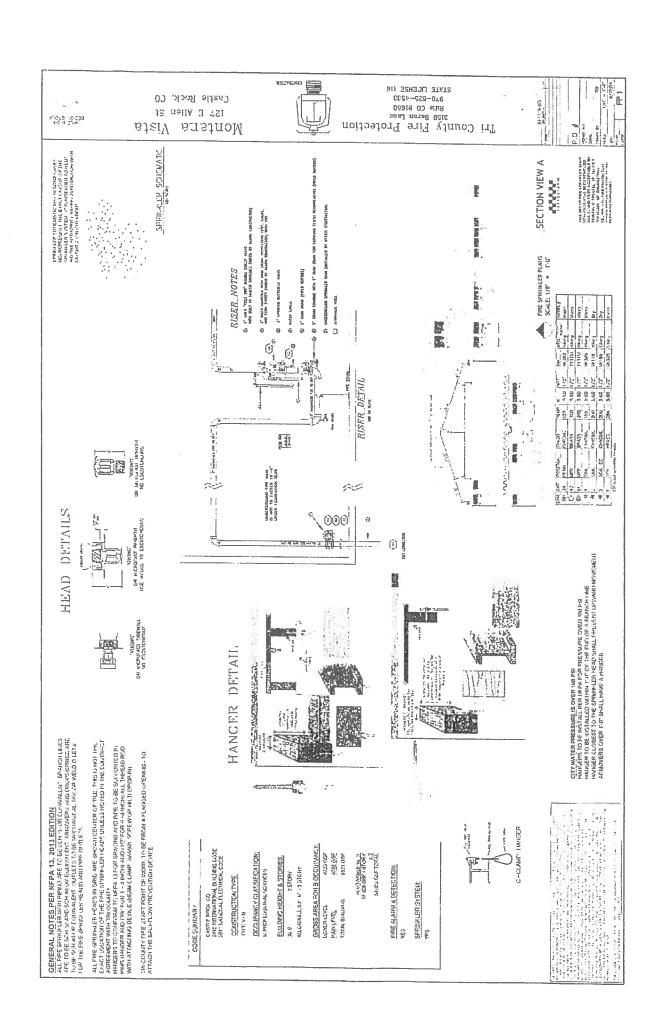
01/22/19

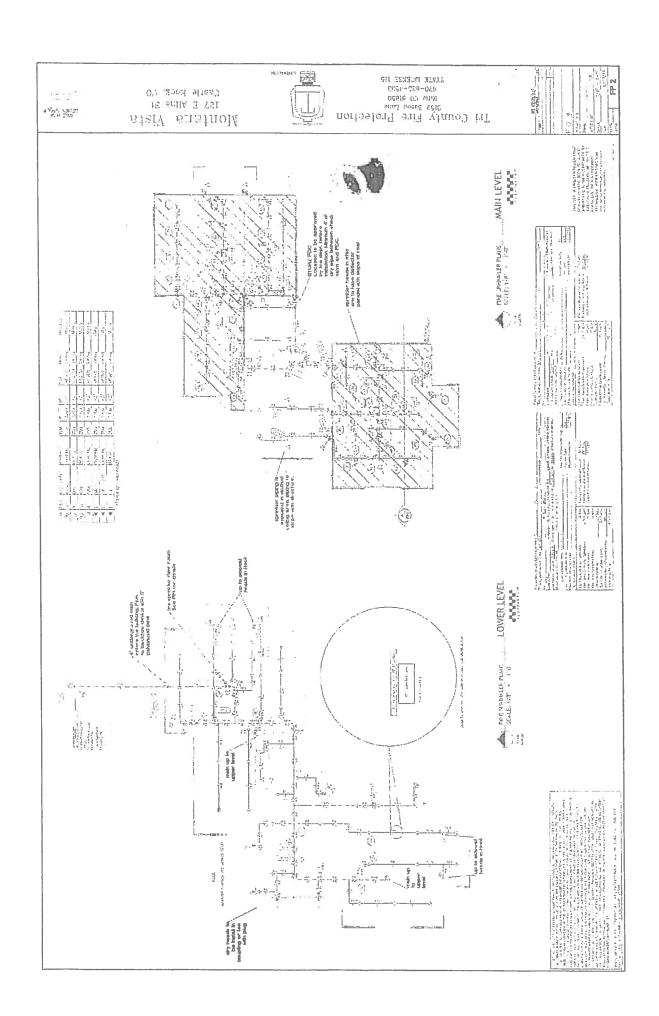
To Whom it May Concern:

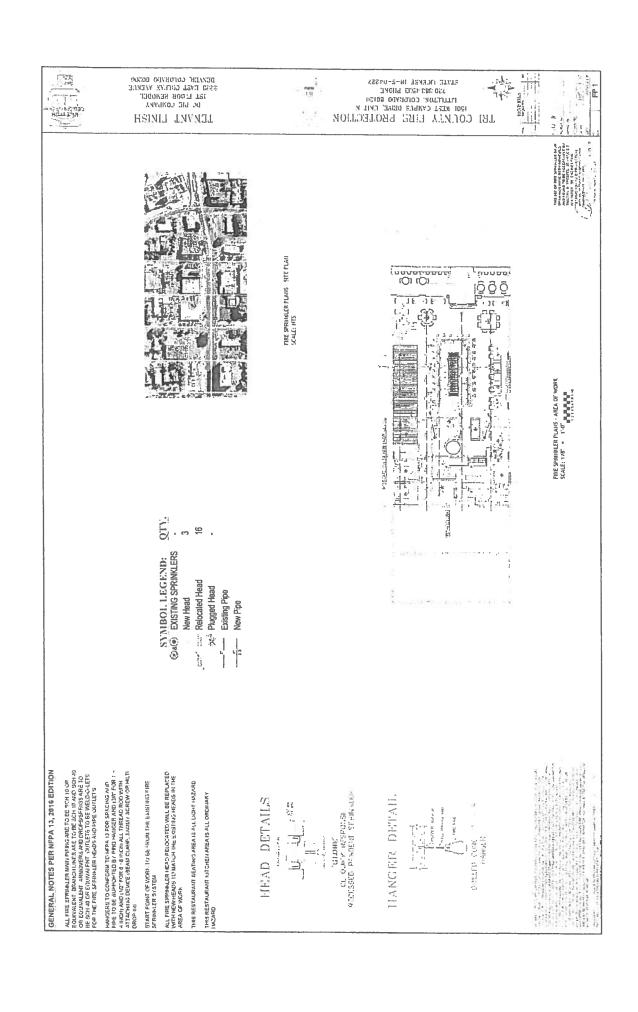
Jason Uhrich is the Systems Manager and the RME for Tri County Fire Protection managing daily operations for Special Hazard and Fire Sprinker service, installation, repair and inspections.

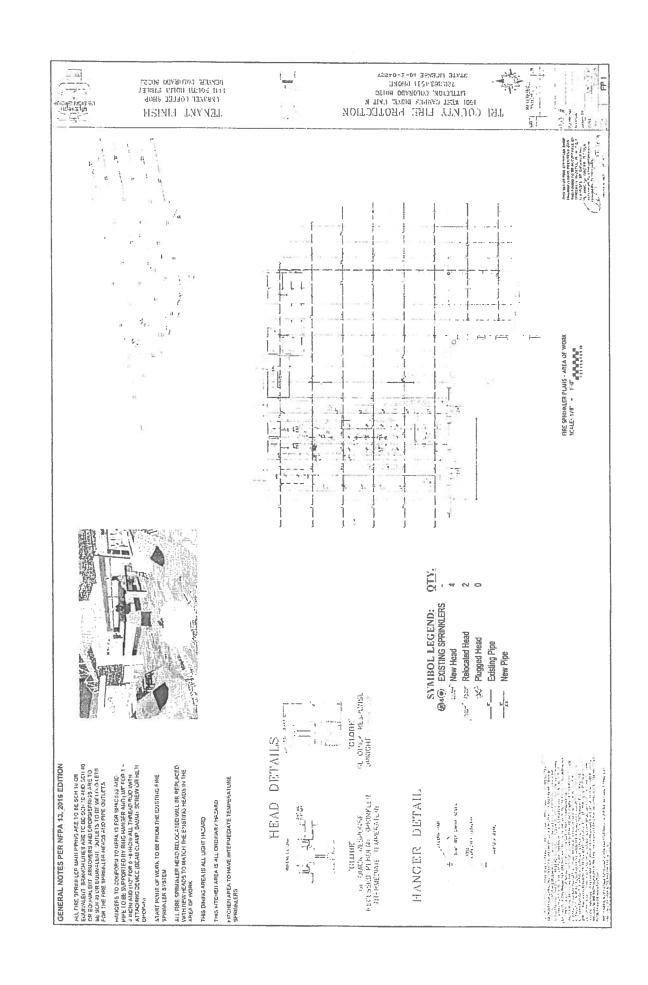
Thank you,

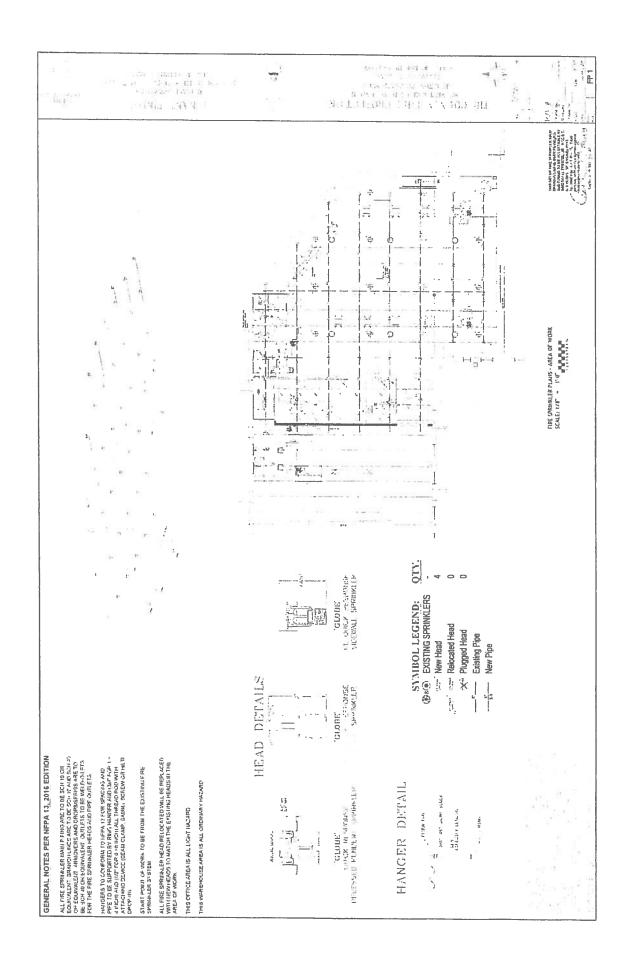
Jason Bleak General Manager











# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Tri County Fire Protection, Inc.

#### is a

#### Corporation

formed or registered on 01/30/1974 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871304429.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/17/2019 that have been posted, and by documents delivered to this office electronically through 01/22/2019 @ 09:48:50.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/22/2019 @ 09:48:50 in accordance with applicable law. This certificate is assigned Confirmation Number 11342209



Secretary of State of the State of Colorado

Notice: A vertificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a vertificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site. http://www.sox.state.co.us/bis/CertificateSearchCriteria.do entering the vertificate's confirmation number displayed on the vertificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sox.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

**REVISION NUMBER:** 



COVERAGES

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/22/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CONTACT Vicki Sullivan T. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170 Englewood, CO 80112 PHONE (A/C, No, Ext): (303) B72-1926 (A/C, No): E-MAIL ADDRESS: vsullivan@wilsonins.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Everest Indemnity 10851 INSURED INSURER B : Artisan&Truckers Casualty Co 10194 Tri County Fire Protection Inc. INSURER C : P. O. Box 309 3159 Baron Ln INSURER D: Bifle, CO 81650-0309 INSURER E : INSURER F :

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBRINSD WVD TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE s CLAIMS-MADE X OCCUR 51GL005505181 DAMAGE TO RENTED PREMISES (Ea occurrence 4/18/2018 4/18/2019 50,000 5,000 MED EXP (Any one person) 1.000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER 2,000,000 GENERAL AGGREGATE X POLICY X SECT PRODUCTS - COMP/OP AGG 2,000,000 **ERROR OMISSIONS** OTHER. Included COMBINED SINGLE LIMIT (Ea accident: **AUTOMOBILE LIABILITY** 1,000,000 ANY AUTO 07707397-0 6/5/2018 6/5/2019 BODILY INJURY (Per person SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY PROPERTY DAMAGE A X UMBRELLA LIAB X OCCUR 1,000,000 EACH OCCURRENCE **EXCESS LIAB** 51CC002607181 CLAIMS-MADE 4/18/2018 4/18/2019 1,000,000 AGGREGATE DED X RETENTIONS 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE 5 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

**CERTIFICATE NUMBER:** 

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage applies per policy terms and conditions.
If required by written contract, as provided by attached policy form,Pikes Peak Regional Building Department is included as Additional Insured as respects
General Llability only.

10 day notice of cancellation applies

CERTIFICATE I	HOLDER
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CANCELLATION

Pikes Peak Regional Building Department 2880 International Circle Colorado Springs, CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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The ACORD name and logo are registered marks of ACORD



## PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

1/22/2019 12:14:13 PM

(ROSE) Receipt #: 1571021

Invoice

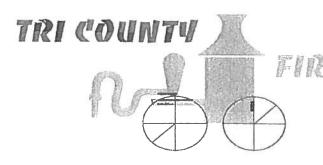
Customer: Jason Uhrich

		Transaction Summary			
Account	Description		Reference Am		Amount
1301-40036 1301-40112	CONTRACTOR FEES CONVENIENCE FEE	APPLICATION WESTERN UNION SPEEDPAY	App (TELEPHONE)	Fee FEE	\$50.00 \$3.50
				Total Due:	\$53.50
		Payment Summary			
Account	Description		Refere	ence	Amount
9801-55700	COLLECTION, VISA	A/Master-Card	67	4809	\$53.50

Total Tendered: \$53.50

Comment: APPLICATION FOR FSC-A

The state of the s	and the second s	at takah oleh daria hari bada pilililiki ili ili ili ili ili ili ili il					
Legal Name: UHRICH	J/	ASON	G				
Last		First	M.I.				
Date of Birth: 04/20/1970	S <sub>1</sub>	ocial Security Number:					
Address: 10719 AME							
	Address		Apartment/Unit #				
LITTLETON	V	CO	80126				
Phone: 970-625-45	533 <sub>Fax:</sub> 970-6		State ZIP Code ail:				
1. What is your area of expertise in the industry? SPECIAL HAZARD / FIRE SPRINKLER DESIGN AND INSTALLATION							
	ed in the industry? 30 Y						
3. What is your affiliation with the company? (Owner, partner, employee, etc.) OWNER / PARTNER							
4. Have you ever been con-	victed of a misdemeanor or	felony? □ Yes ☑ No If y	es, Explain				
	suspended or revoked? 🗆 Ye						
decisions, checking jobs fo	nds that direct supervision a rising, managing construction r proper workmanship, or d rrm one or more of these du	on activities by making to lirect supervision on job	one or a combination of the echnical and administrative sites. Will you, as the				
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	Critical Critical Control	ications .					
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94172 P.E. # D.O.T. #	Position	ISSUED TO	01/2021 Expires				
P.E. #  D.O.T. #  Company  TRI COUNTY FIRE	Position SYSTEMS MANAGER	ISSUED TO PRESENT	Expires  Expires  From  2006				
94172 P.E. # D.O.T. #	Position	ISSUED TO	Expires  Expires  From				
Company TRI COUNTY FIRE AARON FIRE SAFETY  CERTIFICATION (The follow Department requires all peauthorize Pikes Peak Region information provided on the may deny meal icense after application is untrue, licen  Print name & title (License	Position SYSTEMS MANAGER VAROIUS  ving declaration is to be signsons seeking a license to unal Building Department to is application. I agree and the reviewing my Criminal Base granted to me is automatical seeds of the seeds o	ISSUED  ISSUED  ISSUED  TO  PRESENT  1998  Indergo a Criminal Backg perform a Criminal Backg per	Expires  Expires  From  2006  2006  2006  Res Peak Regional Building round Check. I hereby ground Check utilizing egional Building Department information provided on this				
P.E. #  D.O.T. #  Company  TRI COUNTY FIRE  AARON FIRE SAFETY  CERTIFICATION (The follow Department requires all per authorize Pikes Peak Region information provided on the may deny meal icense after application is untrue, licenter in the second s	Position SYSTEMS MANAGER VAROIUS  ving declaration is to be signsons seeking a license to unal Building Department to is application. I agree and the reviewing my Criminal Base granted to me is automatical seeds of the seeds o	ISSUED  ISSUED  ISSUED  TO  PRESENT  1998  Indergo a Criminal Backg perform a Criminal Backg per	Expires  Expires  From  2006  2006  Ses Peak Regional Building round Check. I hereby ground Check utilizing property and property and property and property and property and property and property are property as a second check utilizing property and property are property as a second check utilizing property and check utilizing propert				



FIRE PROTECTION

PO Box 309 Rifle CO, 81650

PHONE: 970-625-4533

800-640-4007

01/22/19

To Whom it May Concern:

Jason Uhrich is a full time employee of Tri County Fire Protection as the Systems Manager and the RME for Tri County Fire Protection managing daily operations for Special Hazard and Fire Sprinkler service, installation, repair and inspections.

Jason Bleak

Thank you,

General Manager



### CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

01/22/19 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Keith W. Anderson **BHA Inc dba Lighthouse Professionals** PHONE FAX (A/C, No)(720)880-5077 (A/C No Ext): (720)880-5070 9605 S Kingston Court, Suite 150 E-MAIL ADDRESS admin@lighthouseprofessionals.com Englewood, CO 80112 INSURER(S) AFFORDING COVERAGE INSURER A: Pinnacol Assurance 41190 INSURED Core Staffing, LLC INSURER B: 384 Inverness Pkwy Suite 250 INSURER C Englewood, CO 80112 INSURER D 720-501-2274 INSURER E INSURER F **COVERAGES** CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILITY s EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Anyone person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG OTHER S COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY S ANYAUTO BODILY INJURY (Per person) s OWNED AUTOS ONLY HIRED SCHEDULED BODILY INJURY (Per accident) s AUTOS NON-OWNED PROPERTY DAMAGE AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTIONS DED WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 4207289 1/1/2019 1/1/2020 s 1.000,000 E.L. EACH ACCIDENT s 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT s 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Evidence of Workers Compensation and Employers Liability insurance coverage for: Tri County Fire Protection, Inc. 3159 Baron Lane Rifle, CO 81650 CERTIFICATE HOLDER CANCELLATION Pikes Peak Regional Building Dept 2880 International Circle SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Colorado Springs CO 80910 ACCORDANCE WITH THE POLICY PROVISIONS

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AUTHORIZED REPRESENTATIVE



# Fire Retardant Coatings of Texas, LLC

1150 Blue Mound Rd West #403, Haslet, TX 76052 Office 817-710-5233 Fax 817-439-8385 www.frctexas.com

Fire Retardant Chemical Manufacturer

January 23, 2019

Ref; Colorado Springs Fire Board

Dear Doreen Withee

In reply to your request for additional information on FX Lumber Guard XT's permanency, it is a permanent application.

The notation in our technical data sheet about foot traffic regards Commercial / Industrial applications only, not residential use.

Best Regards

**David Paulo** 

Fire Retardant Coatings of Texas

"It's not always about the sale, but rather doing what's right for our valued customers"

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